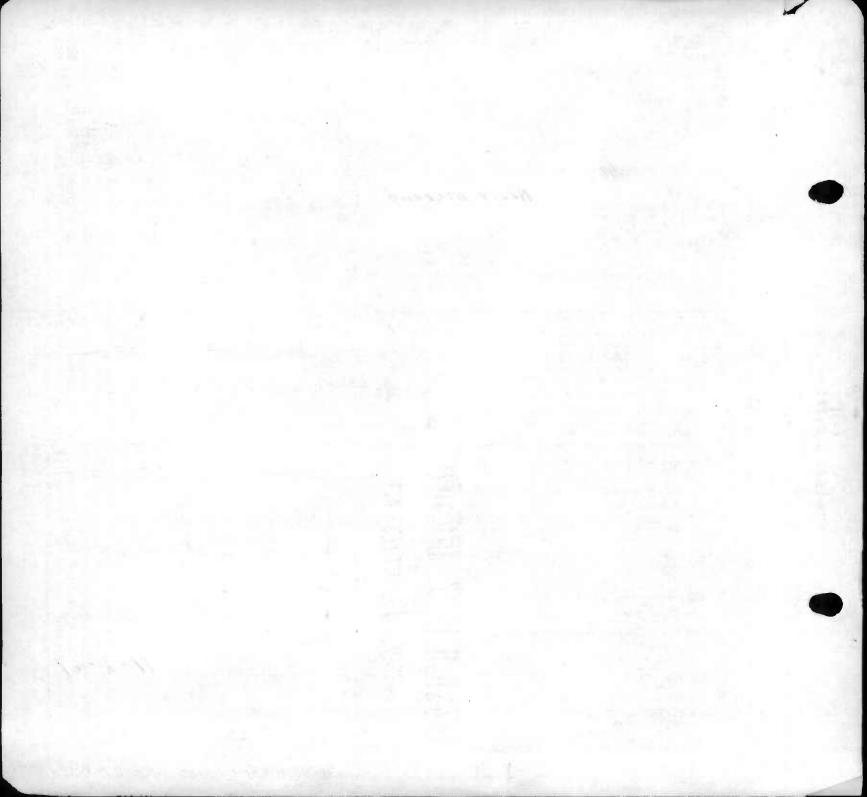
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

0	67 10501		HEALTH DEPARTMENT		57 10501
BI	RTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	
	E. CASE NO.			D HOUS OF BEATH	
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	1230 1
	HMEILA LON	1766	11-	2-6/	1/2 Am
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceosed lived. If ins	titution: residence before odmission)
334			A. SIAIS	11	
31	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)	street	114		
	INTERIOR OF THE PROPERTY OF TH		C. CITY OR TOWN (If out	side city limits, write RI	JRAL and give township)
	MARYLAND GENL		13427/128	1K/2	
	119 HOSPITA	1	D. STREET ADDRESS (If	urol, give location)	1
	4x 1103111A		1417 00	1100 42/1	HUE
=	SEX 6. RACE 7. MARRIED, NE	VED AAADOLED	B. DATE OF BIRTH	3(13) [][[1104
3.		VER MARKIED		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
5.		Markied	7-10-12	5.5	
10	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BJRTHPLA CE (Stote or forei	gn country)	12. CITIZEN OF
1;	ne during most of working life-even il retired)				WHAT COUNTRY?
8	NONE		1/41		0.5
1;	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
	Thace Court	RE C	MARKI	CADD.	5017
	CONTES CONTE		114135	GARRI	2010
15	. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL	17. INFORMANT		ADDRESS
(1	yes, give wor or dores or service)	SECURITY NO.	Mabella	766	
			114DE1 CON	IFE	O ame
	1B.	CAUSE OF	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ray	nonay) es		ONSET AND DEATH
	LEADING TO DEATH	1-11	ONE HARON	400000000000000000000000000000000000000	-412-11
	(This does not mean the made of dying, e.g.,	DUL TO	1 11 00		7
	hearl failure, asthenia, etc. It means the disease,	/		~ /	
	injury as camplication which caused death.)	1 At	ONNOWS C	Rahosic	men
	ANTECEDENT CAUSES	DUE TO		3/7	
	DISEASES OR CONDITIONS, if any, giving	001 10			U
	rise to the above cause (A) stating the	(C)			
TOTA CESTAGO IN C	UNDERLYING CONDITION last.	*************************	÷÷÷÷0000000000000000000000000000000000		***************************************
	П				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0//	1 0/	141	(-1
O I A	TO THE DEATH BUT NOT RELATED TO THE	Kadash	0 115001111	1 Plale M	50 (2735/2)
<			120.4		7
1214		CH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
0			78	74	
-	21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in	or about 21C. WHERE DID	(If in Baltimore	City, give exoct locotion)
-	DEATH (notify medical examiner) A / perc.)	onn, lociory, street, of	fice bldg., INJURY OCCUR?		
1					
200	21D. TIME (Month) (Day) (Year) (Hour) 21E, IN.	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
1		Not While			
	Work	At Work		7	
	22. I certify that (I) (this hospital) attended the	leceased from	10-27	967 to 11	- 2 1967
	that (1) (we) last sow the deceased alive on	11-1			ion death occurred an the date
				i in (my/ (our) opini	on death occurred an the date
	ond haur and fram the causes stated above	e)((did) (did not) v	iew the bady ofter death.		
	23A. SIGNATURE	7.0			23 B. DATE SIGNED
	Dreal II Know	M.D. Atte	nding Med.	Stoff	11-3-17
		Phys		Phy s.	11-2-61
	23C. PHYSICIAN'S NAME (Type)	7	23D. ADDRESS		
	FRANK VIZ	ORICK M.D.			
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CRE	MAATORY 1040	CATION	
24	REMOVAL (Specify)	OF CEMETERY OF CRE	MAIORT 24D. LC	CATION	, town, or county) (Stote)
	Busia) 11-6-67 W.	b. b	2 (0.00	150 Ha.	. Md.
24	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
1		email on	1 ~	//	ADDRESS
IL	810V 2 1987 R. P. B	E. Farkytha	KELSON FUNER	PAL HOME 1.	348 Calhounst
V	150-REV, 1/1/65				THE THE PARTY OF T



If Under 24 Hrs.

Hours

21224

MIS

INTERVAL BETWEEN ONSET AND DEATH

If Under 1 Yi.

12. CITIZEN OF

WHAT COUNTRY?

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT 67 10502 CERTIFICATE OF DEATH on the h. Such if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO 1. NAME OF DECEASED 2. DATE, AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) attendance A. STATE B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Avenue prior D. STREET ADDRESS (If rurol, give location Baltimore Maryland 21224 Gold Street 21217 made. regular 5. SEX MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthdoy N egro 5-20-1930 IGA. USUAL OCCUPATION (Give kind of work IGB, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) disposition Ξ done during most of working life, even if retired) Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 62e death O 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. attendance Records: BCH-4940 Eastern Avenue 5629 any pronounced AIB. CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY embalmed of JERUM LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) FULMINATING SERUM HERATITIS ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving (3) rise to the above couse (A) stating the = physician UNDERLYING CONDITION last. remains medical MOS (2) Body burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician ADDICTION ARCOTIC DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the O IN CERTIFYING CAUSES OF DEATH? YUS 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF hospital Ŷ DEATH (notify medical examiner) elc.) any nature; 6 OF INJURY obtained (Month) (Doy) (Year) (Hout) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While [While At (APPROX.) and Work to the 29 OCTOBER 196/ to 22. I certify that (1) (this haspital attended the deceased from that (1) (we) last saw the deceased alive an 1 NOVEMBER 1967 death); and that in my) (aux apinian death accurred on the date be accident of hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. was released must 23A. SIGNATUR Attending M.D. Med. Stoff 2 Director Phys. approval ō 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at M.S. Tockman was D.O.A. deceased written ap 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify

4940 Eastern Avenue, Baltimore, Maryland

BURICAL 25A. DATE REC'D 6 HEALTH DEPT

VS 150-REV. 1/1/65

shows:

November 19

23 B. DATE SIGNED

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1 November 67

X Movember 1967

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Report of the Comment of the Comment

	Y HEALTH DEPARTMENT	67 10503
BIRTH NO. 67 10503 CERTIFICA	ATE OF DEATH Registered No.	I TOUGO
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print) College Juene	2. DATE AND HOUR OF DEATH	18:35 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, II institution A. STATE B. COUNTY	on: residence befare admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If autside city limits, write RURAL	and give township)
Montobello State Hospital	D. STEFF ADDRESS ((f rurol, give location)	13-01
11 ron 65 ello Siar 1	3728 Tuder Arms	Apt.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday) Man	Inder 1 Yr. If Under 24 Hrs. ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR done, during mast of working life, even if retired)		CITIZEN OF WHAT COUNTRY?
house as to	Baltmore	11.5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	/
beorge Ungland	many Jane Kido	/ .
15. Was Declared Ever in V. S. Armed Farces? (Yes, no aruthknown) (If yes, give war ar dates of service) 2.170.7-6.79	17. Hyporgrant / Spancer Cilmalaula	3728 Am
18. 4 4 CAUSE (OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11, -24, 6	2 14 - 7
(This does not mean the made of dying, e.g., (A) DUE TO	yramice	z mo
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	enhroselerosi's	
ANTECEDENT CAUSES (B) DUE TO	phroselerosis	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION Iasi.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	rascula direase	1 1/2 4rs
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121B. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
	in at about 21C. WHERE DID (If in Baltimore City, office bldg., INJURY OCCUR?	, give exact lacation)
21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED OF INJURY While At Not Wh		/
22. I certify that (I) (this haspital) attended the deceased from	10/9 1967 10 11/	1 19.67
that (I) (we) last saw the deceased alive an	19 67 and that in (my) (our) apinion	
and haur and fram the causes stated above. (1) (e) (did) (did nat)		DATE COMP
23A. SIGNATURE RELEASE M.D. A. P.	ttending Med. Staff Phys. Director Phys.	U/1/67
23C.PHYSICIAM'S NAME (Type) Robert W. Ireland M.D	Montaballo State He	Spital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C		wn, ar county) (State)
Burial 11-4-1967 Woodlawn	Woodlawn,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	G. Howard Strong 3207 W.	North Ave.,

Services . . Jeresa

the Jersey of the County and

R-152	67 10	504 BALTIMORE CITY	HEALTH DEPARTMENT	B	67 10504		
M.E. CASE NO.		CERTIFICA	TE OF DEATH	Registered Na			
Type or Print)	B. Robinso	n n		D HOUR OF DEATH	7 0 00 7		
PLACE OF DEATH IN BALT			4. USUAL RESIDENCE (When	e deceased lived. If institu	7 9:00 P.M.		
			A. STATE B. COUN	TY			
HOSPITAL OR oddre	t in haspitol or institu ss or lacotion)	tion, give street	c. CITY OR TOWN (IF out	side city limits write RIIR	Al and give township		
INSTITUTION			Baltimore	and only mining, with Non	9-01		
00 2700 011	11 1 0 1		D. STREET ADDRESS (If	rurol, give location)	/ //		
3/09 Old	York Road		3709 Old York	h Road			
SEX 6. RACE		RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years II	Under 1 Yr. If Under 24 Hr		
F. W		OWED, DIVORCED (specify)	10/20/106	fost birthday) M	donnis Days Hoors Ivani.		
	w kind of work 10B. KIN	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 1	2. CITIZEN OF WHAT COUNTRY?		
the independent of working life, e	ven if refired)	5-18	1	C 11 C 1.			
Hairdresser B. FATHERS NAME		Self employed	lancaster, 14. MOTHERS MAIDEN NAM	Douth Caroli	na. USA		
И О	4		1 11. 61	,			
Henry Der	Anned Forces?	1 6. SOCIAL	Lottie Stee	21	ADDRESS		
es, no or unknown) (If yes, give	wor or dotes of ser	SECURITY NO.	The state of the s				
No		249-05-1224	Mr. Penry L.	Robinson 3709			
13561/1		CAUSE	F DEATH		ONSET AND DEATH		
DISEASE OR CON		Amva	trophic lateral	aalamada	2		
(This does not meon th	e made of dying,		or charte rapelar	26761.6272	2 years		
heart failure, asthenia, et		ease,					
ANTECEDEN		(B)		7 ⁴⁴ 0 a a 0 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0			
DUE TO							
rise to the obove	rise to the obove cause (A) stoting the			al meuritis;	3 years		
UNDERLYING CONDITION lost. Left subdelteid burisiti				sitis			
OTHER SIGNIFICANT CO	NOTIONS CONTRIB	HTING					
TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO	O THE					
19A-DATE OF OPERATION	198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE	DINGS CONSIDERED		
19A. DATE OF OPERATION	WAS PERFORMED			IN CERTIFYING CAUSE	S OF DEATH?		
21A. ACCIDENT WAS UN OR CONTRIBUTING CA	DERLYING	21B. PLACE OF INJURY (e.g., in home, form, factory, street, or	n or obout 21C. WHERE DID	(If in Baltimore C	ity, give exact location)		
DEATH (notify medicof exo		etc.)	inice biog., INJORI OCCOR:				
	Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX.)		While At Not Whi					
	Work At Work						
22. I certify that (1) (36	22. I certify that (1) (his hornite) attended the deceased from April 20 1961 to November 1 1967, that (1) (we) last sow the deceased alive an November 2 1967 and that in(my) (300) apinion death accurred an the date						
that (I) (we) last sow t	he deceased alive	an Marenmer Z	19ond th	at in (my) (2001) apinio	n death accurred an the de		
	auses stated abo	ve. (I) (We) (did) (did not)	view the bady after death.				
23A. SIGNATURE	Malan	The	,		B. DATE SIGNED		
1001	Maur	M.D. Att	ending Med. Director	Stoff Phys.	11/3/67		
23C. PHYSICIAN'S NAME (Type)	-		23D. ADDRESS				
	Levin	M.D.	278 E II-4	des Blown D-3	161 07000		
A. BURIAL CREMATION, 24		4C. NAME of CEMETERY OF CR	218 E. Universi	OCATION (City,	to Md 21218 town, or county) (Stote)		
Burial (Specify)	11/6/167	Vest Side Cemet	enu Vana	rasten South	Camplina		
A. DATE REC'D BY HEALTH	DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	easter, South	ADDRESS		
NOV 3 1967		Farbura	John A Mars	2000	E Baltimone S		
	100000 A		o inolal	4 JILC, 3000 (· valtimore S;		

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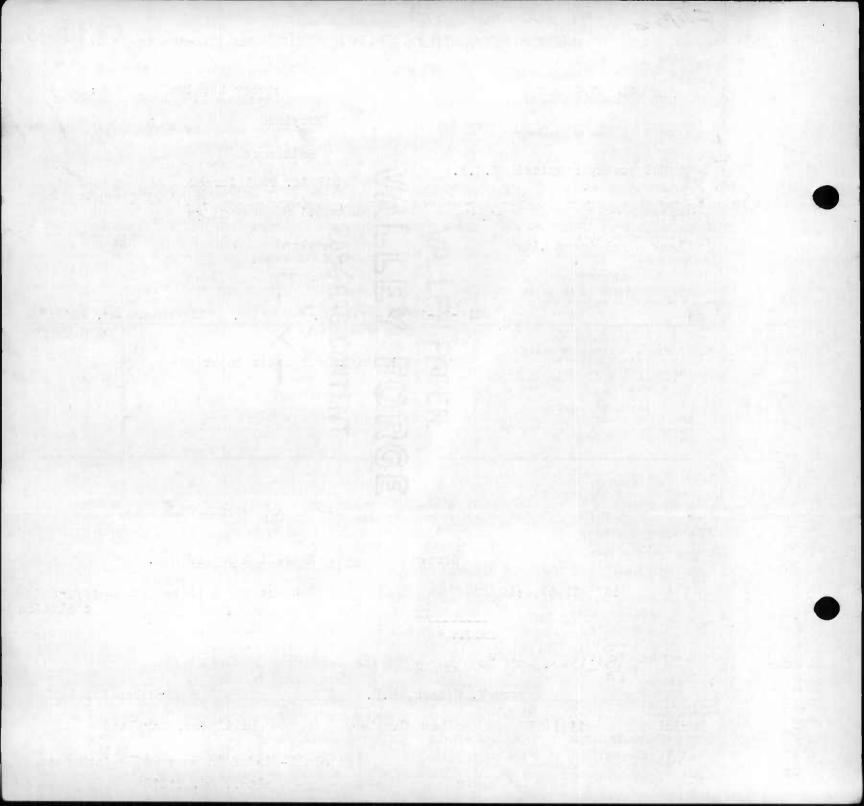
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Balto., Md. 21212

VS 151-REV, 1/1/65



	T-32	0		BALTIMORE CITY	HEALTH DEPARTMEN	T	CT 4050C
BIRT	H NO.		7 10	506 CERTIFICA	TE OF DEATI	H Registered No.	67 10506
1. N	AME OF DEC				2. DAT	e and hour of death	3:00 P M
3. F	LACE OF DE	ATH IN BALTIMORE, M	ARYLAND			Where deceased lived, If in	nstitution: residence before admission)
1	ULL NAME (OF (If not in hospite oddress or local		on, give street	MARYLAND		
	NSTITUTION	oddiess of local	11011)			ff outside city fimits, write E, MARYLAND	21207
7	ST. A	GNES HOSPI	TAL		D. STREET ADDRESS	(If rurol, give location)	
5. S	PV	14 DACE	7 44 4 00	IED NEVER MARRIED	5532 HUI	TON AVENUE	I K II-1-1 V- K II-1-24 M-
F	EMA LE	WHITE	MAP	RIED (specify)	02/02/91	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		working life, even if retired		OF BUSINESS OR INDUSTRY	MARYLAN		12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NA	DRE REINKE			14. MOTHER'S MAIDEN		
16			- 1	1/ 2001	CATHERIN	E HOFFMAN	ADDRESS
(Ye	NO of unknow	d Ever in U. S. Armed I	otes of service	212-05-197	ST. AGNES H	OSPITAL WIL	KENS & CATON AVE.
	1B. 3 3	1 X 1		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION I		w.CV+	nobable	cerebral hem	only Thours
		nat meon the made asthenia, etc. 11 mea		e.g., DUE TO	1		
	injury or cor	nplication which caus ANTECEDENT CAUS		(B) Erter	is bascular.	Rerease	
	DISEASES	OR CONDITIONS, in					
		e above couse (A G CONDITION lost.	A) slaling	the (C)			
L		11					
ATION	TO THE D	IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO	TING THE			
ERTIFIC/		F OPERATION 198. CO		OR WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
CAL CE	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicot exominer)		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DI ffice bldg., INJURY OCCU	ID (If in Boltimor	re City, give exoct locotion)
103	21D. TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
2	(APPROX)			White At Not While At Work		4.5	10.0.165
				ed the deceosed fram	10/29/67	19 to 10	/29/6/ 19
							inion death accurred on the date
	and haur ar 23A. SIGNAT		toted obave	XIX(We) (did) (dXIXX)	riew the bady after dec	ath.	23B, DATE SIGNED
		Mural	lo	M.D. Atte	ending Med.	Stoff Phys.	10-29-67
	23 C. PHYSICI.	Tyne)	asall		St. Haue		
244	BURIAL CR	EMATION, 24B, DATE		O. NAME of CEMETERY OF CR	0	/	ity, town, or county) (State)
	11-1-6	(Specify)		Loudon Park		Baltimore,	
25A	DATE REC'E	BY HEALTH DEPT.	25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
	NOV	3 1967 R.C	3 Buch	Farleyma	Mitchell	-Wiedefeld!	Home 6500 York
VS	150-REV. 1/1/	65				i ;	Rd.

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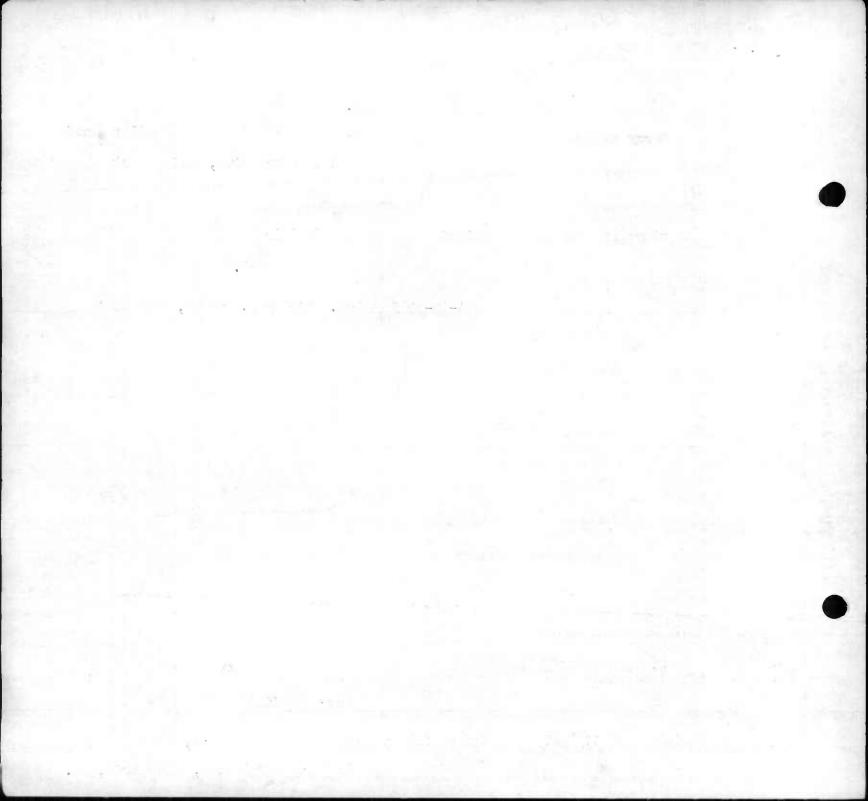
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1	U-314		BALTIMORE CITY	HEALTH DEPARTMENT		67 10507
	TH NO.	67 103	CERTIFICA	TE OF DEATH	Registered Na.	01 10001
1, N	L CASE NO.	M.LOUISE WIE	DEFELD	2. DATE AN	D HOUR OF DEATH	30
(Ту	Type or Print) WIEDEFELD, MARY L.			10,	128/1967	6-p. m.
3.	PLACE OF DEATH IN	BALTIMORE, MARYLAND		A. STATE B. COUN	e deceosed lived, If in TY	stitution: residence before (dimission)
		lf not in hospitol or institut address or location)	ion, give street	C. CITY OR TOWN (If our	side city limits, write	RURAL and give township)
4-1	21.	emorial theor	0 1	D. STREET ADDRESS (If	rural, give location), /	Jan Orio
Ľ				2708 N. Cl	harles It.	
5. 5		WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
103	USUAL OCCUPATION	N (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
don	HOMEMAK	its even if refired)		mandand		U.S.A.
13.	FATHERS NAME	, 0		14. MOTHERS MAIDEN NAM	ME	
	Edward A	- Wiede Fel	d	Ida Gal	llagher	
15. (Ye		U. S. Armed Forces? give war or dates of serv		17. INFORMANT	0	ADDRESS
	no	- W	117-34-9464-]		DSPT. RECORI	
	1B. 3 3 1	(CAUSEVO	F DEATH		ONSET AND DEATH
		CONDITION DIRECTLY	(4)	1. 1. 0	1	hace
		n the made al dying, a, etc. It means the disc		xebra(1)	haemor	
		n which caused death.)		ather so	Ver-	= 2600
		EDENT CAUSES	OUE TO		100	R /
	rise to the above	NDITIONS, if any, give cause (A) stating	-		MITO	dosh
	UNDERLYING CON	DITION last.			10.25	2.64
N Z		CONDITIONS CONTRIBU				3
ATION	DISEASE OR CONDI	BUT NOT RELATED TO	THE			
ERTIFIC	19A. DATE OF OPERA	TION 198, CONDITION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	
CAL CE	21 A. ACCIDENT WAS	CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
MEDI	OF HAJORI	n) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED While At Not Whil	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)		Work At Work			- 100
		(this haspital) attend		(2) 28	19 61 ta!	1967.
Н	that (1) (we) last s	aw the deceased alive	an 10/12	19.6/and th	at in (my) (aur) ap	inian death accurred an the date
		the causes stated abov	ve. (1) (We) (dld) (did-not) v	view the bady after death.		
	23A. SIGNATURE	f-	mucher of M.D. Att	ending Med.	Stoff -	23B. DATE SIGNED
	- lawe	AWEE I IMPANI		ending Med. S. Oirector 23D. ADDRESS THE IIN	Phys. DALLACE	10/28/0/
	23C. PHYSICIAN'S T		OTTACK	1112 01	NION MEMOR	a - 44 - FT V
24	A. BURIAL CREMATION		C. NAME OF CEMETERY OF CR	U i u i i i i i i i i i i i i i i i i i		ity, town, or county) (State)
	REMOVAL (Specify)	70/27/60		TO SECOND	mTMODT	V
25	A. DATE REC'D BY HE		CATHEDRAL CEMET ME OF REGISTRAR TOLLEUMA	ERY BAI 25C. FUNERAL DIRECTOR Mitchell-Wied	TIMORE lefeld Home-	-6500 York Rd. 21212
VS	150-REV. 1/1/65	4.00-01-				<u></u>

athered has works

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

M-530 67 10	BALTIMORE CITY CERTIFICA	Y HEALTH DEPARTMENT	Registered No	67 19508		
	MUNDIE	2. DATE AN	HO HOUR OF DEATH			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1010018	, ,		institution: residence before odmission)		
S. FLACE OF DEATH IN BALTIMORE, MARILAND		A. STATE B. COUN		institution: residence before damassion)		
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location) INSTITUTION	tion, give street	C. CITY OR TOWN (If out	tside city limits, write	RURAL ond give township)		
		XXXXXX	REDICKREEK	E. Glen Burnie		
3 7 Mercy Hospital			rurol, give locotion)	. (3		
<u> </u>			Drive, Mar			
m WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	11-23-86	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?		
	D 4.1. 1	The section of and				
Longshoreman 3. FATHER'S NAME	Retired	Virginia 14. MOTHERS MAIDEN NA	ME	USA		
Mundie			Jnk.			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
27	214-10-0465	Mrs. Shirley	T. Marrahar	came as li		
NO 18. / / 2	1-11-	OF DEATH	T PAUL DITY	INTERVAL BETWEEN		
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH		
LEADING TO DEATH	TI.			71 mtc.		
(This does not meen the mode of dying,	e.g., DUE TO	149111111111111111111111111111111111111		1 941		
	heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.)	-	mochateric Ca	acinoma	7		
ANTECEDENT CAUSES	Marie La	aceromice.				
	DISEASES OR CONDITIONS, if ony, giving					
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO	THE					
DISEASE OR CONDITION CAUSING IT.		100.4	V 200 is wee			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			FINDINGS CONSIDERED AUSES OF DEATH?		
		745	Y	25		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, c	office bldg. INJURY OCCUR?	(If in Béltimo	ore City, give exact location)		
DEATH (notify medical examiner)	etc.)	, mos and a second				
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
F OF INJURY	While At Not Whi					
(APPROX)	Work At Work			1		
22. I certify that (1) (this haspital) attend	led the deceased from	10/30	19 67 ta	10/31 1967		
that (N (we) last saw the deceased alive						
and haur and from the causes stated above. (1) (We) (did))(did nat) view the bady after death.						
23A. SIGNATURE		c. " \	23 B. DATE SIGNED			
Fennetty Stern	M.D. All	lending Med. Director	Stoff Phy s.	10/31/67		
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	,			
NAME (Type)	M.D.	74	-1			
OAA DUDIAL CREATANION INTO		Mercy Hospita				
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CR	EMAIORT 24D. L	OCATION	City, town, or county) (State)		
Burial 11/2/67	Cedar Hill Ce	metera	Roll+immus	Mourel and Ottoor		
OCA DATE BEGIN BY HEALTH DEST. JOSE ALA	LIE OF BEGISTEAD	25C. FUNERAL DIRECTOR	Baltimpre,	ADDRESS		
NOV 3 1967 R.O. A	E talky Mill	Kinklar Funos	tel Home C	lan Burria 143		
VS 150-REV. 1/1/65		ver viel Lauer	لله وطلالالا علم	len Burie, Md.		



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M.H.

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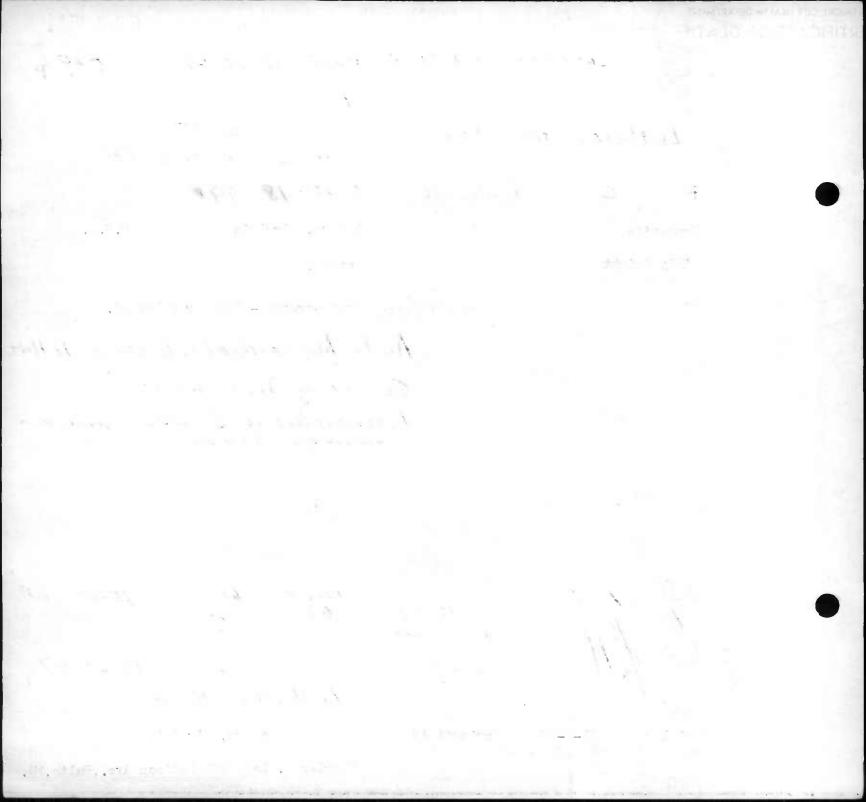
		HEALTH DEPARTMENT	67 10510
-	BIRTH NO. 67 10510 CERTIFICA	TE OF DEATH Registered No.	01 10010
	M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
	MRS. 1054 DHINE MAGAL		13:05 AM
	3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE Where deceosed lived. If instituti	on: residence before odmission)
1	FULL NAME OF (If not in hospital or institution, give street	nel.	
	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURA	L ond give township)
	Church Home +	Ballo 2	-0/
	35 21 70	D. STREET ADDRESS (If rurol, give location)	2 57
	V3 Hospital	132 J. Cleage	e 37.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIMORCED (specify)	lost birth-lay Mo	Under 1 Yr. If Under 24 Hrs. nths: Doys Hours Min.
	WIDOWED	3/20/76 //	
	10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. SIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	NET MAKER RETIRED	Poland	USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2
	WAR PINSKI	- UNK.	
	15. Was Deceased Ever in U. S. Armed forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO - 22-14/6	REGINA WALSTRUM 1708 DI	REXEL RO \$122
	18. 4. 20 / 1 CAUSE OF	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		OHSEL AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	Infarety	
	healt failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	Infarelyn	
	ANTECEDENT CAUSES (8)		
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stating the (C)		**************************************
	UNDERLYING CONDITION last.		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? IYes of No. 20 B. IF YES, WERE FINDI	NGS CONSIDERED
	L L		
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	fice bldg., INJURY OCCUR?	, give exact location)
	U		
	21 D. TIME Month) Doy) Yeor) Hour) 21 E. INJURY OCCURRED While At Not White	21 F. HOW DID INJURY OCCUR?	
	(APPROX.) While AT Not While At Work		
	22. I certify that (I) (this hospital) attended the deceased from		or 2 19 67.
	that (I) (we) last saw the deceased alive an Nov	ond that in(my) (our) apinion	death occurred on the date
	and hour and from the causes stated above. (I) (We) (did) (did not) v		
	23A. SIGNATURE M.D. Atte		DATE SIGNED
	Phys	s. Director Phys.	nov 2, 1967
	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS HYRCH H	OME &
	TRANCISED ISA GAZARENE	HOSP1	TAL.
	24A. BURIAL CREMATION, REMOVAL ISpecify) 24B. DATE 24C. NAME of CEMETERY or CRE		wn, or county) Stote)
	BUDIE NOVU KET HOLY CROSS	CEMETERY GERMAN HIL	L RD MO

25C. FUNERAL DIRECTOR

PPEC BROSING 1800 E LOMBARD ST

- framing the same BEARING OF THE STANFORD

BIRTH NO. 67 10	511 BALTIMORE CITY HEA		egistered No. 67 10511
M.E. CASE NO.	CERTIFICATE	OF DEATH	
(Type or Print) JACICS O N	, MAGGIE I	HURT 10.24	
FULL NAME OF HOSPITAL OR Oddress or location) Lutherau Hos	A. S	Md. Try or town (If outside co Baltimore	give location)
5. SEX 6. RACE 7. MA WIE	OWED DIVORCED (secriful	17E OF BIRTH 9. AG	E (In years If Under 1 Yr. If Under the Hours
IOA. USUAL OCCUPATION (Give kind of work 10 B. KII done during most of working life, even if retired) Housewife	ND OF BUSINESS OR INDUSTRY 11. B		U.S.A.
Billy Knight		NOTHERS MAIDEN NAME Setty ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se		NFORMANT	ADDRESS
NO 18. I DISEASE OR CONDITION DIRECTLY	CAUSE OF DE	•	402 Grantley Rd. INTERVAL BETWEE ONSET AND DEA 'al Infarction 12
heart failure, asthenia, etc. It means the di- injury or camplication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the abave couse (A) stating UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRICT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING	nary Thro iosclerotic incar Dis	Cardio lumina
		DA. AUTOPSY? (Yes or No) 20B.	LIF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in or o home, form, foctory, street, office betc.)	bout 21C. WHERE DID	(tf in Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	O 21E INJURY OCCURRED While At	21F. HOW DID INJURY C	D C C U R?
23A. SIGNAFORE AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ove. VI (We) (did) (did not) view to M.D. Attending Phys.	Med. Stoff Phys.	1.
NAME (Type)	M.D.	Lutheran	
REMOVAL (Specify) Burial 11-2-67	Springfield		n, Virginia
25A, DATE REC'D BY HEALTH DEPT. 25B, N	AME OF REGISTRAR 2	SC. FUNERAL DIRECTOR	ADDRESS



ВІ	TH NO. 67 10512 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 10512							
1,	NAME OF DECEASED ype or Print)	AMMOND		ND HOUR OF DEATH	11:30 D			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	THING IV	4. USUAL RESIDENCE (When		viion: residence before admission)			
	FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location) INSTITUTION	MD Day C. CITY OF TOWN III OUT	eto. Iside city limits, write RUR	AL and give township)				
	THE JOHNS HOPKINS	SHOSPITAL	Balling		2/5			
	33		3510 Bosedale Rd.					
	WIDO	WED, DIVORCED (specify)		lost birthdoy) M	onths Doys Hours Min.			
	MALE NEGRO	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) 1:	2. CITIZEN OF			
	one during most of working life, even if retired) Waiter		Kershaw Co.,	S. C.	U.S.A.			
11:	FATHERS NAME		14. MOTHER'S MAIDEN NAM					
	PHILLIP HAMI	MOND		A GAITHER				
11.	5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of servi		17. INFORMANT		ADDRESS			
	No	110-03-2290	Phyllis E. Ham	mond - 3510 R	osedale Rd.			
	18. 766 XI	CAUSE OF	DEATH	1	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		andina	Mison	5 min			
	(This does not mean the made of dying,		come?	7 Class	June			
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,	2 -0.0. 1.0.	6	10 1/200			
	ANTECEDENT CAUSES	(B) 100	cause rain	conary Eu	yolus Hours			
	DISEASES OR CONDITIONS, if any, given			1	0.4			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)		***************************************	m d de com a minutum m d minutum a min a d d d a c c c c c c c c c c c c c c c			
	II.							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE	^		10.00			
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF VEC WERE FINE	DINGS CONSIDERED			
	WAS PERFORMED		No.	IN CERTIFYING CAUSE	S OF DEATH?			
	J 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	i or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If in Bottimore Ci	lly, give exocl locotion)			
	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While At Not While	21 F. HOW DID INJ	URY OCCUR?				
	(APPROX)	Work At Work						
1	22. I certify that (I) this haspital) attended the deceased from 11-1 19 67 to 11-1							
	that (1) (we) last saw the deceased alive	D.		at in (my) (aur) apiniar	n death accurred an the date			
	1.	and have end from the causes stated abave (1) (We) (did) (did nat) view the bady after death.						
	23A. SIGNATURE	VA (A) AMD Alle	nding Med.	Stoff Stoff	B, DATE SIGNED			
	23C. PHYSICIAN'S	Phy:	Director 23D. ADDRESS	Phys.	1-1-6			
	NAME (Type)	A. CORDES M.D.	THE JOHNS H	HOPKING HOS	PITAL			
2		C. NAME of CEMETERY OF CRE			lown, or county) (Stote)			
	Burial 11-5-67	Rose Lawn Mem.		shland, Virgin				
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAM	b E, Falley MI	Charles R. La	1	ADDRESS			
V	S 150-REV. 1/1/65			TAGE SO	A VE			

29 10and another the second

67 10513 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 10513

ME CASE NO				
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR PRONOUNCED D	DEAD
NATHANIEL	CO	AKER COKER Nover	mber 3, 1967	12:45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where	deceased lived. If institution	n: residence before admission)
		A. STATE Maryland	B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside	e corporate limits, write RUI	RAL and give township)
INSTITUTION		Poltimore		1-07
1404 Aisquith St. (I	DOA)	Baltimore D. STREET ADDRESS (If rurol,	give location)	
1404 Alsquith St. (1	JOA)	1404 Aisquit		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)	12 12 25	9. AGE (In years If Mo	onths Doys Hours Min.
Male Negro	Wisow	9-15-88	78	
IOA, USUAL OCCUPATION (Give kind of world done during most of working life, even if retired)	k 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY?
LABOTER	DAIRY	114.		
13. FATHER'S NAME	LED	14. MOTHER'S MAIDEN NAM	E 111.11.000	,
ARNOLD COK	FT	MARGARET	WILLAMS	
15. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT		DRESS
(Yes, no or unknown) (If yes, give wor or date	security No.	A MARCARO	T Brown 140	04 A15QUILLY ST
140	7/2		prount 2 1	INTERVAL BETWEEN
18. 42211	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	1	1 7	
LEADING TO DEATH	dying, e.g., DUE TO	osclerotic Cardio	ovascular Disea	ase
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused	the discose,			
injuly of complication which coused	00000			
ANTECEDENT CAUSE	S			
DISEASES OR CONDITIONS, IF A				
UNDERLYING CONDITION LAST.	TAINS THE			
Z	(C)			
	CONTRIBUTION			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RE DISEASE OR CONDITION 198, CON WAS PER				
E DISEASE OR CONDITION CAUSING			LAAD IN VIEW WINDS	LOC GONGIDENED
19A, DATE OF OPERATION 19B, CON	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	
		No	W. D. M. C.	
✓ 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	home, form, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, give e	xoct locotion/
UTING CAUSE OF DEATH.	etc.)			
21D TIME (Month) (Doy) (Yeo	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NOT	WHILE		
22.	m. WORK LATW	ORK 🔲		
	Inquiry Inspection X Au	topsy ond that on th	is basis, death in my o	pinion
resulted from: Notural co	ouses Accident Suicid	e Homicide	Undetermined manner	
	1 (3)	CHIEF MEDICAL EX	CAMINER -	
ACTUAL MILLAND	1/1 200		-24	DATE SIGNED
SIGNATURE /	M.D			11/3/67
EXAMINER'S Wern	ner UV Spitz, M.D.	ASSOCIATE MEDICAL E	XAMINEK	22/0/0/
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. L	OCATION (City tow	(Stote)
REMOVAL (Specify)	110 mt 1	1	2. C. Atrial	In Mot
BURIAL	10/ 11/ (001	1 am 4	i. a. como	1 1
24A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C FUNERAL DIRECTOR	2.01	ADDRESS /
NOV 6 1967	Olab E. Falley MA	Dogali Md	-6W 120	4n. Colula
IVELV D 1210/	A I I I I I I I I I I I I I I I I I I I	DECEMO NO VIO	W 7 100	111
VS 151-REV. 1/1/65	V105.2424			

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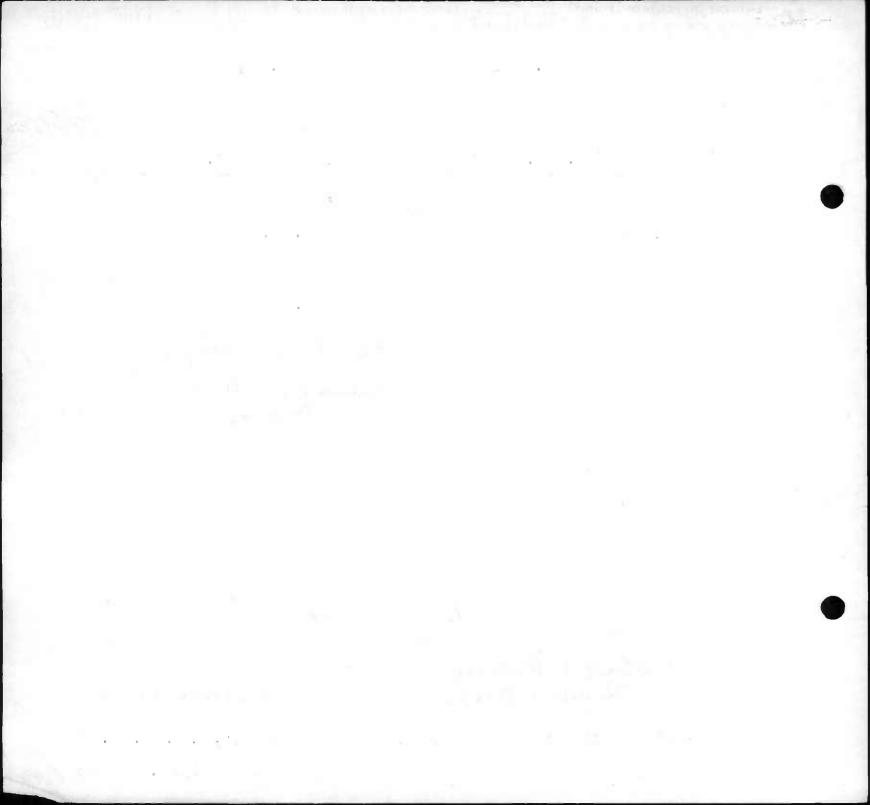
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If autside city limits, write RURAL and give township) If Under 1 Yr. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 6 / ond that in(my) (aur) opinion death occurred on the dote 23B, DATE SIGNED The Johns Hopkins Hospital 25C. FUNERAL DIRECTOR

Whenly Derthy Willes 3 Tel Sich VER AND SEE STATES THE COST MARCHANT MARCH MARCH SEE STATES STATES Quedenal aleer Circles & Halbertonzis Dalley D. Jambeler TTO E YOU

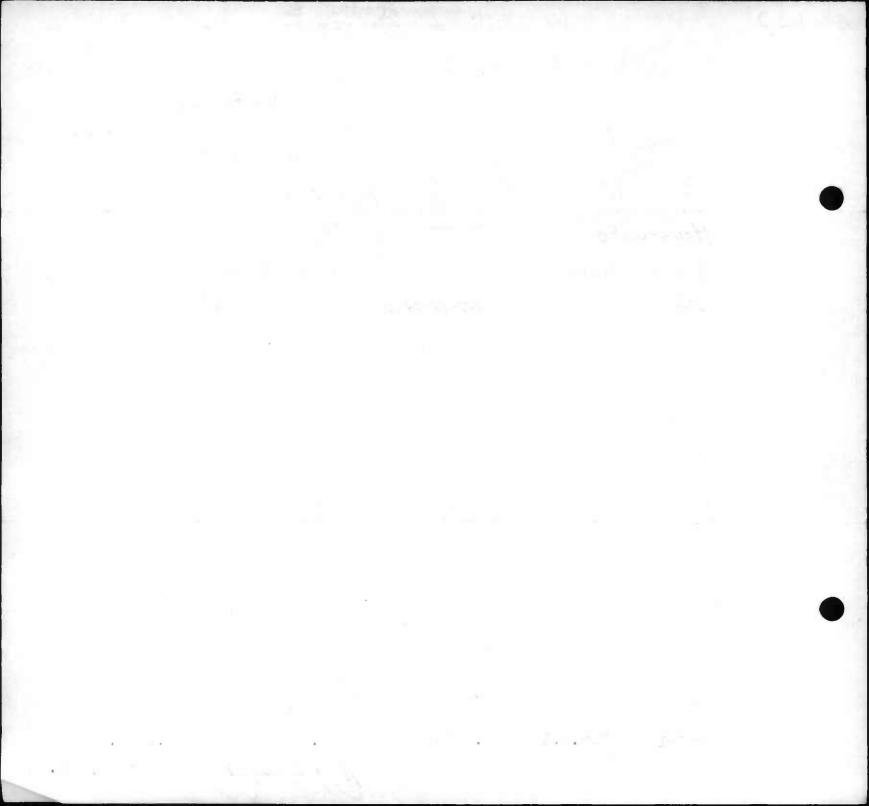
a hospital and

	BALTIMORE C	ITY HEALTH DEPARTMENT	67 10515
	67 10515 CERTIFIC	ATE OF DEATH Registered N	10. 20010
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH.
Type or Print)	W. Riggin	Nov. 2, 1967	1
PLACE OF DEATH IN BALTIMORE,		4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admi:
		A. STATE B. COUNTY	
FULL NAME OF (If not in hos HOSPITAL OR oddress or lo	pitol or institution, give street	Maryland	· Bilbai
INSTITUTION		C. CITY OR TOWN (If outside city limits, wr	ite KUKAL ond give township)
110		B altimore D. STREET ADDRESS (If rurel, give location)	700
South Balto.	Gen. Hospital	1412 Marshall St.	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 2
	WIDOWED, DIVORCED (specify)	lost birthdov)	Months Doys Hours
	Widow	May 1, 1898 69 IRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
done during most of working life, even if reti		The Bikini Ex CE (Side of folergii coominy)	WHAT COUNTRY?
Housewife	At Home	Balto. Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
James Wood	ward	Rose Lowrey	
15. Was Deceased Ever in U. S. Arme	f Forces? 16, SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or	dotes of service) SECURITY NO.	Chamles D. Pissin	Same
No		Charles D. Riggin	
1B. 4// I		OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION	DIRECTLY	Cardin CARL	10
(This does not mean the mode	of dying e.g. DUF TO	Carma E wing	Thu:
heart failure, asthenia, etc. It m	eans the disease,		req
injury or complication which co	jsed death.)	Chemotic HEart	
ANTECEDENT CAUSES (B) DUE TO		Cardiac arrhy Chemotic HEart Disease	y Ear
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		or Eas E	480
UNDERLYING CONDITION last			
11	-		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI			
19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
E (2)			ORDSES OF BORNIN
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID (If in Balti , office bldg., INJURY OCCUR?	more City, give exact location)
DEATH (notify medical examiner)	etc.)	,	
D 21D. TIME (Month) (Doy) ()	(eor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		Vhile	
	Work L At W		B18401. 1
22. I certify that (1) (this has	pital) attended the deceased from		present 19
that (1) (we) last saw the dec	eased alive on	19 6 7 and that in (my) (our)	apinion death occurred on th
and hour and from the causes	stated above. (I) (We) (dld) (dld no	t) view the body after death.	
23A. SIGNATURE	- X		23 B. DATE SIGNED
V Co Crest	Cetrusell M.D.	Attending Med. Stoff Phys.	
23C. PHYSICIAN'S	0)	23D. ADDRESS	D
NAME (Type) COBE	RT C. DUVALL M	DA TOI ST. PAU	L ST. BALZ
24A. BURIAL CREMATION, 24B. DAT			(City, town, or county) (S
REMOVAL (Specify)			
	67 Cedar Hil		
25A, DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NIDVE 40	511 (D) D & S A+12. W. M	Me Cully 1	30 E. Fort Ave

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 11 6 67 Cedar Hill Brooklyn, A. A. Co. Md. Durial 25B. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. ADDRESS 25C. FUNERAL DIRECTOR Mc Cully 130 E. Fort Ave VS 150-REV. 1/1/65



	CM 40540 BALTIMORE CITY	Y HEALTH DEPARTMENT						
	BIRTH NO. M.E. CASE NO. 67 10516 CERTIFICA	ATE OF DEATH Registered No. 0 11516						
	1. NAME OF DECEASED Hrs. Ethel I. 2. DATE AND HOUR OF DEATH 10/31/67 430 P. M.							
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
	FULL NAME OF (If not in hospital or institution, give street	MP BAITIMOVE CO						
	HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, wrife RURAL and give township)						
	H Mondland General 1-6 91:100	D. STREET ADDRESS (If rural, give location)						
	Hanfland General Hosp! ral	400 Main street						
Bad	5. SEX 6. RACE X MARRIED NEVER MARRIED WILDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Aud 13 Ros lost birthdoy) Months: Doys Hours Min.						
n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BARTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
disposition	Housewife	MD Ms.						
308	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
SIE	Wm. H. Markel	Ahres Schwentz						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
tina	No 217-46-2450							
0	73011	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
per	LEADING TO DEATH	focardial Infanction. not est 18674						
Palm	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,							
emp	injury or complication which coused death.) ANTECEDENT CAUSES (8)							
	DISEASES OR CONDITIONS, if any, giving							
Sare	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.							
<u> </u>								
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
the	DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED						
	Was Performed No IN CERTIFYING CAUSES OF DEATH?							
before	U 21 A. ACCIDENT WAS MNDERLYING 218 PLACE OF INJURY (e.g., i OR CONTRIBUTING CAUSE OF Anome, form, foctory, street, o etc.)	n or about 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?						
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
ained	₩ OF INJURY (APPROX) While At Not While	le 🖳						
D ta	Work Al Work							
0	that (() (we) last saw the deceased alive an Od 31 norther date and 19 ond that in(my) (aur) spinion death accurred an the date							
st b	and hour and fram the causes stated obove. (N (We) (did) (did nat) view the bady after death.							
E	23A. SIGNATURE M.D. AHI	ending Med. Stoff M						
5	Joan gul wood.	23D. ADDRESS						
approval	NAME (Type Tountys: K MOON M.D.	Marshand Ger Hospital						
db	24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CR	EMATORY / 24D. LOCATION (City, to y, or county) (Stote)						
9	Burial Nov.4,1967 Mt. Zion Church Cem. Baltimore Co., Md.							
wriften	25A, DATE REC'D BY HEALTH DEPT 67 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
>	VS 150-REV 1/1/65	H. Zehhardt Owings Mills, Md.						



+	1-200	5 67	1051	17	HEALTH DEPARTMEN		67 10517
	CERTIFICATE OF DEATH REGISTERED NO.						
1, N	A.E. CASE NO. NAME OF DECEASED Type or Print) HILDA N. HESS			2, DA1	11-3-67	5:00 A.M	
	FULL NAME OF (If not in hospitot or institution, give street hospital or oddress or locotion) INSTITUTION BALT IMORE CITY HOSPITALS 4940 EASTERN AVENUE BALT IMORE, MARYLAND 21224			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND			
1				C. CITY OR TOWN (If outside city limits, write RURAL and give woship) BALT IMORE D. STREET ADDRESS (If rural, give location) 219 FURROW STREET 21223			
1							
	FEMALE	6. RACE WHITE	WIDOWE	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 7-23-03	9. AGE (In years lost binhoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refired)		11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNTRY?		
13.	WILLIAM C. HESS			14. MOTHER'S MAIDEN NAME **CHRISTINIA SCHARNAGLE			
15. (Ye:	Wos Deceosed s,no or unknown	Ever in U. S. Armed For litt yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 218-03-4289	17. INFORMANT BORY PEOPL Marie M.	ADDRESS	
	LEADING TO DEATH (This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tost.			Tubercul	(65 /5		
ATION	DISEASE OR CONDITION CAUSING IT.						
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					FINDINGS CONSIDERED USES OF DEATH?	
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, farm, foctory, street, office bldg., INJURY OCCUR?						
MEDI	210 TAKE (Month) (Day) (Year) (Hour) 215 INITIES OCCUPED 215 HOW DID INITIES OCCUPE						
	22. I certify that (I) (this haspital) atended the deceased from 10/2/ 1967 to 1/3 1967 that (I) (we) last saw the deceased alive an 1967 and that in (my) (aur) opinion death accurred on the date						
M.D. Attending Med. Stoff Phys. Director Phys. 11/3						23B. DATE SIGNED	
1	23C. HYSICIANS NAME (Type DR. JEFFREY AARONS ON M.D. 23D. ADDRES BALT IMORE CITY HOSPITALS 4940 EASTERN AVENUE BALT IMORE, MD. 2122						
	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY OF					ity, town, or county) (State) Md.	
254	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR HOWARD H. Hubbard, 4107 Wilkens Ave. 2122						
VS	150-REV. 1/1/6	65				,	

THE AND DESCRIPTION OF THE PARTY OF THE PART

VS 150-REV. 1/1/65

7-5201

	TH NO.		67 10	C4 0	TE OF DEATH	1	67 10518	
1. N	E. CASE NO. NAME OF DECEASED			2. DATE AND HOUR OF DEATH				
(Тур	Betty Jeanne JACKSON			N	ov. 3, 1967	M-		
3. F	FULL NAME OF (If not in hospital ar institution, give street address ar location) US Public Health Service Hospital			4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before odmission) A. STATE B. COUNTY Maryland C. CITY OF TOWN (II autside city fimits, write RURAL and give township) D. STREET ADDRESS (If rural, give location)				
1								
a								
		an Park D			1915 Brooks Drive/ Apt . 203			
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married				WED, DIVORCED (specify)	5/17/31	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at	fareign country)	12. CITIZEN OF	
	Housew		retired)		Texas		WHAT COUNTRY? USA	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	14. MOTHER'S MAIDEN NAME		
	Lois	Q. Perdu	1e		Alice Barr			
	Wos Deceased	Ever in U. S. Am	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No	in yes, give wor	01 00163 01 361711	550-42-4295	Records- US	PHS Hospital	, Balto, Md.	
	1B. / 9 3	5,01		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR CONDITIO		T.	+ - 1	1/1	ONSE! AND DEAM	
	(This door	LEADING TO D		(A) + n	Iva cereb	rallemmoirs	ige.	
	heort failure,	nol mean the m asthenia, etc. []	meons the dise	e.g., DUE TO				
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Heta Static C.A. to the brain							
		ANTECEDENT C	AUSES	DUE TO	13.2116	1 1 3 1 10 10	-1 <i>n</i>	
	rise to th	OR CONDITION e obove couse G CONDITION I	e (A) stating	the (c) Hale	y Kelanomal	? Arisiny in	The Adrenals	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes	OF No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
A.	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?							
DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work			21F. HOW DID	INJURY OCCUR?			
A								
	22. I certify that (IV(this hospital) attended the deceased fram Oct. 17 19 67 to Nov. 3 19 67, that (V) (we) last saw the deceased alive an Nov. 3 19 67 and that in(p/y) (aur) apinian death accurred an the date							
	and haur and from the causes stated abave. (1) (We) (did) (Aj6/n/oy) view the bady after death.							
	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff							
	Director Physical 14/6/					114/67		
	NAME ((ype)	ge H. Gun	1	23 D. ADDRESS US PHS H	ospital, Balt	o. Md.	
24A	BURIAL CRE	MATION, 24B, D		NAME of CEMETERY OF CR			City, town, or county) (State)	
	Burial	Specify)	-8-67	Greenwood Ceme		San Diego, Ca		
2SA	A. DATE REC'D	NOV 6 1	967 P. O.	AE OF REGISTRAR	Howard H.	Hubbard, 410	7 Wilkens Ave. 21229	

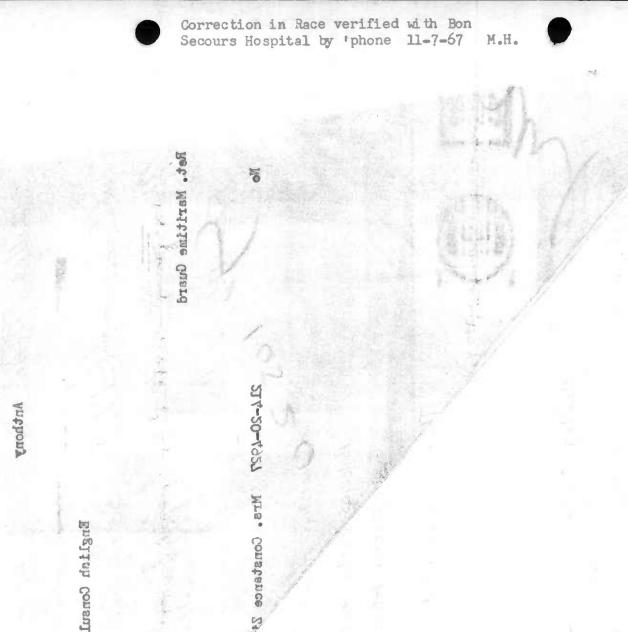
Intra cerebra Heavenage Hete states CA tothe bais Roley Helonomal Phonony in the Wille.

67 10519 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10519

Μ.	E CASE NO.								
Ι. Ι (Τ _У	NAME OF DEC	EASED	DGAL	3			2. DATE AN	ID HOUR PRONOUNC	ED DEAD
					ANDERSON		Oct	ober 31, 196	67 4;55 A. M.
(FRT	FIC	ATE	AM	FNDFD	A. STATE	residence (Where	deceosed lived. If inst B. COL	itution: residence before odmission) JNTY
HO	SPITAL OR TITUTION	ADDRESS	OR LOCA	IL OR MISTAU TION)	12-7-67				RURAL and give township)
143	Baltimo	re City	Hoeni	i+a1			ltimore		6-00
		ie dity	nospi	Lai		-	ADDRESS (If ruro	, give locotion) on Park Aver	
5. S	EX]	6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE O		9. AGE (In years lost birthdoy)	If Under 1 Yr, If Under 24 Hrs.
	Male	Whi		MARR		6-16	-1919	48	Months, Doys, Hours, Min.
	PAINTER	orking life, ever		ROMAR	PAINT CO.	11. BIRTHPI	RGINIA	gn country)	12. CITIZEN OF WHAT COUNTRY?
3.1	FATHER'S NAM			1 1112		14. MOTHE	R'S MAIDEN NAM	NE .	
	}	JUKNO	aw				UNKK	news	
	WAS DECEASED				16. SO CIAL SECURITY NO.	7. INFORM	ANT .	<u> </u>	ADDRESS
	No				6-16-	Har.	sonatance	Knolerson - 1	21 N. Patterson Br.
	1B / (12/3		23	37-189911 CAUSE	OF DEAT	Н		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONE		ECTLY					ONSET AND DEATH
		LEADING T		dvina e.a.	(A) Crai	nio-Cen	ebral Inj	ury	
	heart failure, injury or com	ot meon the osthenio, etc. plication which	It meons	the diseose.	501.10				
	ΔΙ	NTECEDENT	CALISES						
	DISEASES C	R CONDITI	ONS, IF A	NY, GIVING	(B)			•••••	
	UNDERLYIN	G CONDITION	USE (A) ST ON LAST.	ATING THE					And the Market
N					(C)				
Ĭ	OTHER SIGN	IFICANT CO	NDITIONS	CONTRIBUTION	IG.				
ERTIFICATION	TO THE E		NOT REL	ATED TO TI					
ERTI			19B. CONI	DITION FOR V	VHICH OPERATION	20A. AU	TOPSY? (Yes or No	208. IF YES, WERE FIL	
ਹ	21		WAS PERF	ORMED			Yes	IN CERTIFYING CAU	SES OF DEATH? Yes
V	21 A. EXTERNAL UNDERLYING	CAUSE WA	S	21 B. I	form, foctory, street,	in or obout	IC. WHERE DID	(If in Boltimore City, gi	
	UTING CAUS	E OF DEATH		etc.)	factory	3.00,1		ad Avenue	26.44
Σ	21 D TIME OF INJURY	(Month) (2	qy) (Year)		E. INJURY OCCURRED	2	IF. HOW DID INJ		
	/ADDDOVA	10-29-6 10/31/6	7- 74	55 A. W	HILE AT X NOT	WHILE	Fell off	scaffold wh	ile painting
	22.	fy that I he		quiry 🗌		apsy X		is basis, death in n	
		ed fram: No			ccident XX Suicid			Undetermined mann	
		lille		7-	- /-		EF MEDICAL E		
	SIGNATU	11119	nus l	1.7N	(-		NT MEDICAL E		DATE SIGNED
	EXAMINE	ER'S W	erner	U. Spit	z, M.D.		TE MEDICAL E		10/31/67
23A	NAME (T	ype)	3 DATE	-11	NAME OF CEMETERY	CREMATO	RY 23 D.	LOCATION (City,	, town, or county) (State)
REA	AOVAL (Specify)		1-4-6		2	0	-		\.
244	BURIAL DATE REC'D		-		SALTIMORE OF REGISTRAR	126d F	UNERAL DIRECTO	BALTO. N	ADDRESS
_ ,,				Res	E. Farber, 4.3	1	Lato 1	NO0 - 23	34 Jessey &T
vs	151-REV. 1/1/6		10			- 1	January 1	yeller 10	011

Letter from M.E. Office 12-7-67 M.H.

3. PLACE OF DEATH IN BALTIMORY MARYLAND GRAND ANTHONY 4. USUAL RESIDENCE (A. STATE B. C.) FUEL NAME OF (If not in hospital or institution, give street)	Subside city limits, write RURAL ond give township)
3. PLACE OF DEATH IN BALTIMORE MARYLAND FUEL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (C. CITY OR TOWN (INSTITUTION) English D. STREET ADDRESS	f outside city limits, write RURAL and give township) Congul
English D. STREET ADDRESS	Consul
CCOURS TROPER 3504	
5. SEX 6. RAC MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (specify)	9. AGE (In years lost birthdoy) If Under 1 Yr. Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Sele or done during most of working life, even if retired) Ret. Maritime Guard	• WHAT COUNTRY?
13. FATHERS NAME FRANK Z.//is 14. MOTHER'S MAIDEN	NAME
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No. 16. SOCIAL SECURITY NO. 214-20-4927 Mrs. Consta	ADDRESS 21225 nce Zillis Harman 319 Audrey Av
18. 420,01 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO DUE TO	Rt FAILURE DAYS
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B) ARTERIOSC ACTOTIC	Heart Disease Years
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	ARterioschrosis ye ARS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of WAS PERFORMED)	No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DI home, form, foctory, street, office bldg., INJURY OCCU etc.)	D (tf in Boltimore City, give exact location)
	INJURY OCCUR?
	19 ta 1//2/6 19 19 d that in(ay) (aur) apinian death occurred an the dat
and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after dec 23A. SIGNATURE M.D. Attending Med. Phys. Director	23B. DATE SIGNED Stoff Phys. \times 1//3/67
23C. PHYSICIAN'S NAME (Type) MOHAMADI M.D. BON S	ecours Hospital
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24C. NAME of CEMETERY of CREMATORY Holy Redeemer 24	Baltimore, Maryland (Stote)
VS 150-REV. 1/1/65 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR OF THE PROPERTY OF THE PROPE	that Home 237 Patapaco Ave.



English Consul

				DATE	MOKE CIT	TILACITI DEL	WILMIEL AL					
IRT	H NO.	6	7 105	21 CER	RTIFICA	TE OF D	EATH	Registe	red No.	-6	7 10	521
	. CASE NO.		4 200						1			
	AME OF DEC	LEVY	PAULI	NE	М			ND HOUR OF	DEATH	1967	2:30	Λ
. F	LACE OF DEA	TH IN BALTIMORE, M.		145		4. USUAL RES	IDENCE (Who	ere deceosed	lived. If in			101.
						A. STATE	LAND	NTY		1	3.01	13
	ULL NAME O			give street						/	1axis	01
	NSTITUTION	oddress or location	201/			C. CITY OR TO				RURAL ond	give townshi	p)
		ST AGNES H	ATIGOR	1			IMORE	212			2000	20
	40				DALTO	D. STREET AD		rurol, give lo	cotion)			
	70	CATON & W	LKENS	AVE.	BALIU	MD 5304	EAST	DRIVE				
. 5	EX	6. RACE	7. MARRIED,			8. DATE OF BI	RTH	9. AGE (In)		If Under	1 Yr., If U	nder 24 Hrs.
	FEMALE	WHITE	MARR	D, DIVORCE	D (specify)	07-14-	.QJı	73		Monms	Doys Hours	Min.
6A	USUAL OCCU	JPATION (Give kind of wo			OR INDUSTRY	-, -,	-			12. CITIZE	N OF	<u> </u>
		working life, even if retired)	1							WHA	T COUNTRY	?
1	Vaitres	3	Lesta	HRAP	T	MARYL	AND			U	SA	
3.	FATHER'S NAM		·			14. MOTHER'S	MAIDEN NA	ME				
	11-11	M/m 111 md				1-4	101-					
6 1	UNK	NOWN Ever in U. S. Armed Fo		1 6. SOCIAL		17. INFORMAN	TVOU	N			ADDRESS	
Yes	s, no or unknown	(If yes, give wor or do	les of service)	SECURI	TY NO.				CATO			CAVE
	No			214-2	20-5637	ST AGNE	.5 HUS	PITAL	CAIU	N & W	ILKEN	S AVE.
	1B.	X			CAUSE C	F DEATH					TERVAL BE	
	DISEAS	E OR CONDITION D	IRECTLY							٥	NSET AND	DEATH
		LEADING TO DEATH		1	w Pt	RITONIT	15			1		
		ol meon the mode o			DUE TO						20)	AVC
		osthenio, etc. It meon								1 1	29 D	1142
					(B) PE	RFORAT	TON	OF SI	MALL	-		
		ANTECEDENT CAUSE			DUE TO							
		OR CONDITIONS, if				TESTIN	F .	_				
		obove couse (A) G CONDITION lost,	stoling the		(C)			••••••				
		- 11		1 5	115-07	> > PERI	7 5110	HLCE	72.5			
Z O	OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTIN		NFECTE	DECH	DINZ	MLCCE	KS	1 4	Dear	4 1
H	TO THE D	EATH BUT NOT REL	ATED TO TH		GANGR	ENE OF	- BOTH	FEET.		17	TINON.	2 WEEK
S	19A. DATE OF		NDITION FOR	WHICH OPE				o) 20B. IF YE	S, WERE	FINDINGS	CONSIDERED)
ERTIFI	O Non	- WAS PE	RFORMED			YES		IN CERTIF	YING CA	LUSES OF D	EATH?	
CER	21 A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF	INJURY (e.g., i	n or obout 21 C.		Of i		e City, give	exoct locoti	on}
AL (OR CONTRIBL	T WAS UNDERLYING	hon	ne, form, foc	tory, street, o	ffice bldg., INJU	RY OCCUR?					
U	DEATH (notity	medical examiner	erc.	•1	-							
EDI	OF INJURY	(Month) (Doy) (Yeor) (Hour) 21E	INJURY O	CCURRED	21 F. I	HOW DID IN	JURY OCCU	R?			
Σ	(APPROX)	-	Wi	nile At	Not Whi At Work							
	00 1	1 (1) (1)						10/7	NIONA	4		10 (7
	22. I certify	that (1) (this hospite	ol) ottended t	he deceose	d fromUC.1	UREK Z	<u></u>	19 b./ 10	MUV	•		0./ ,
	that (I) (we)	lost saw the deceo	sed olive on	NUVE	WRFK I	19. 0	ond t	hot in (my)	(our) op	inion deotl	occurred	on the dote
	ond hour one	from the couses st	oted obove. (I) (We) (did	l) (did not)	view the body	ofter death.					
	23A. SIGNATU				/		11/7		/	238, DATE	SIGNED	
		1</td <td>W.</td> <td></td> <td></td> <td>ending [</td> <td>Med.</td> <td>Stoff V</td> <td></td> <td>11-</td> <td>1-67</td> <td></td>	W.			ending [Med.	Stoff V		11-	1-67	
	00.0.0.0	name	10 10	work	Phy		Director	Phy s		111	1-67	
	23 C. PHYSICIA NAME (T	ype)				23D. ADDRESS						
		HAMNOON P	ENROACH	1	M.D.	ST AG	VES HO	SPITAL	CAT	3 NO	WILKE	NS AVE
24/		MATION, 24B. DATE	24C. N	AME of CEA	METERY of CR	EMATORY	24D.	LOCATION	(0	ity, town, or	county)	(Stote)
	REMOVAL	Jecify) 11/3/6	7 113	1 Da	/2	to	1	- H-	-	nam	lamas	
15.	2 wright		Wo	rousell	on so.	emeny	10	aum	gro 1	wery	and	
ZDA	. DATE REC'D	NOV 6 196	25B. NAME	P. C.	- 12. W.	25C. WNE	RAL DIRECTO	R		Do,	ADDRESS	1) 11
		1101 0 130	Mokrey	D. C. V	Charley	1/11	BROSE.	Lave. 1	3281	14/26	UR PRI	sq1(d.27
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OCTOBER 1 . VUIL 1 . CT

THERMIDON PENROACH ST MONES HOSPITAL SAT. & ALLIGHS AVE.

(C)-(1-1)

	1. NAME OF DE (Type or Print)	CEASED	ISLAUS WOJCIECH	OWSKI	2. 0		HOUR PRONOUNCE	
	3. PLACE IN BAL		HERE PRONOUNCED DEAD		UAL RESIDENC	E (Where de	ber 1, 196	7 3:30 P. M. itution: residence before admission
	FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE ST		Mar	yland		RURAL and give township)
	3 1				Ba1	timore	ve location)	2-03
		Baltimore City	y Hospital		521	S. Wa	shington S	treet
	5. SEX	6. RACE	7. MARRIED, NEVER MARRIE WIDOWED, DIVORCED (spec		E OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Yi. If Under 24 Hrs Months Doys Hours Min.
	Male	White	WIDOWED	NDUSTRY 11 RIP	April 7	1890	77	12. CITIZEN OF
	done during most of	working life, even if retired)	City of Baltin	nore P	oland			WHAT COUNTRY?
	13. FATHER'S NA		Wo fed ashered	14. MC	TARES MAID			
	Trank Wojciechowski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown), llf yes, give wo or doles of service) SECURITY NO.				Josephine 17. INFORMANT ADDRESS			
9			SECTION N	0				
1		in yes, give war of goic				chowsk		lvale Ave.
9	No 18. 7	5 / X	216-09-		n Wojcie	chowsk	1505 De Baltimo	olvalo Avo.
99	No 18. = 9	SE OR CONDITION DI	216-09-	7888 Leo CAUSE OF D Anaphyla	n Wojcie	eaction	Baltimon following	NTERVAL BETWEEN ONSET AND DEATH
99-	18. 7 DISEA	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons	RECTLY dying, e.g., (A) DUE 1 the discoso,	7888 Leo CAUSE OF D Anaphyla	n Wojcie	eaction	1 Baltimo	NTERVAL BETWEEN ONSET AND DEATH
63-66-	DISEA (This does head foilure injury or co	ASE OR CONDITION DI LEADING TO DEATH not meen the mode of e, osthenio, etc. It meons amplication which caused	RECTLY dying, e.g., the disease, deoth.)	7888 Leo CAUSE OF D Anaphyla	n Wojcie	eaction	Baltimon following	NTERVAL BETWEEN ONSET AND DEATH
- 63 - 66 -	DISEASES RISE TO TH	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons	RECTLY dying e.g., the disease, death.) S NNY, GIVING DUE 1	7888 Leo CAUSE OF D Anaphyla injectio	n Wojcie	eaction	Baltimon following	NTERVAL BETWEEN ONSET AND DEATH
. 64-63-66-	DISEASES RISE TO THUNDERLY!	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of e, osthenic, etc. It meons omplication which coused ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST.	RECTLY dying e.g., the disease, death.) S NNY, GIVING DUE 1	7888 Leo CAUSE OF D Anaphyla injectio	n Wojcie	eaction	Baltimon following	Ivale Ave.
- 99 - 63 - 69 - 09	DISEASES RISE TO THE UNDERLY!	ASE OR CONDITION DI LEADING TO DEATH not meon the mode of e, osthenio, etc. It meons emplication which coused ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S	RECTLY dying e.g., the disease, death.) S NNY, GIVING TATING THE CONTRIBUTING LATED TO THE	7888 Leo CAUSE OF D Anaphyla injectio	n Wojcie	eactior lfobrom	a following nophthaleir	NTERVAL BETWEEN ONSET AND DEATH

(APPROX.) 11-1-67 1:00 P. Anaphylactoid reaction following inject-at work ion of sulfobromophthalein. WHILE AT Inspection I certify that I held an Inquiry Autapsy X and that an this basis, death in my apinfan Suicide Hamicide resulted fram: Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE. Charles S. Springate, M.D. **EXAMINER'S** November 2, 1967 NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (Stote) (City, town, or county) Sacred Heart of Mary Cem. Baltimore, County, Md.

| 24B. NAME OF REGISTRAR | 24C. FUNERAL DIRECTOR ADDRESS Burial 24A. DATE REC'D BY HEALTH DEPT. W. Fialkowski 2007 Eastern Ave., Balto., Md. VS 151-REV. 1/1/65

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FUNERAL DIRECTOR: IMPORTANT	ate must be approved by the chief medical examiner or his assistant if d as released to the hospital by a medical examiner. Also, if the direct n accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) U at a hospital (except where the physician who pronounced death wa jor to death); and (6) No physician was in regular attendance on the	roval must be obtained betore the remains are embalmed or final dispos
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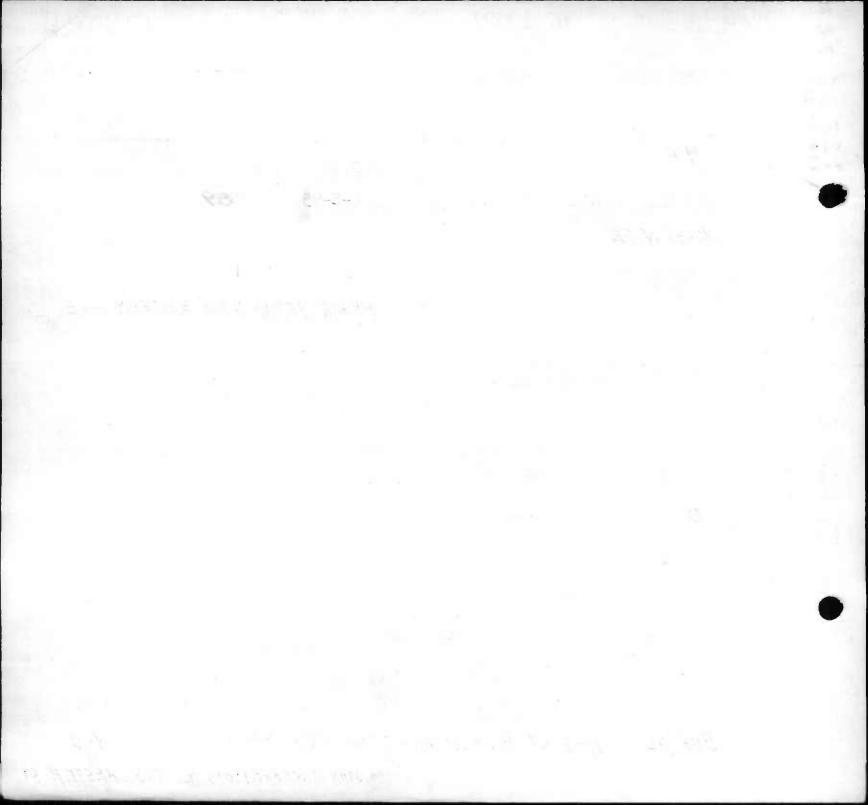
ndetermined

BALTIMORE CITY HEALTH DEPARTMENT 67 10523 Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 6.30 A 3. PLACE OF DEATH IN BALTIMORE, MARTLAND eath. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY FULL NAME OF (If not in haspital or institution, give street MARYLAND HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give ship) INSTITUTION THE JOHNS HOPKINS HOSPITAL prior (If rural, give lacation) 2735 EASTERN AVE is made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthday) 8-8-99 MARRIED FEMALE WHITE MARRIED 8-8-99

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE late or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during mast of working life, even if retired) HOUSEWI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FRANK KRAGER

15. Was Deceased Ever in U. S. Armed Forces MARY PRENDKI 17. INFORMANT ADDRESS 6. SOCIAL (Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, i Breast Carmina injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? BEERST carcinone, 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21 D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) Wark At Work October 23 November 4 22. I certify that (I) (this hospital) attended the deceased from November 3 that (I) (we) lost sow the deceased alive on.... ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED November 4, 1967 Staff Phys. M.D. Attending [Med. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) THE JOHNS HOPKINS HOSPITAL leceased pri vritten appr M.D COY 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) written

JOHN M. WEBERYSONS INC. 4015, CHESTER ST VS 150-REV. 1/1/65



48-01-28 1

BIRT	P-453 67 10	524 CERTIFICA	HEALTH DEPARTMENT	NT '∐ Registered No.	67 10524
M.E	CASE NO.	CERTIFICA	TE OF DEAT	TE AND HOUR OF DEATH	4
		PLANTS		200.010	NOVEMBER 1967 M.
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	1 - 7 / 7 / 3	4. USUAL RESIDENCE	(Where deceased lived. If i	
11 .	ULL NAME OF (If not in hospital or instituti	an all a sheet	MARYLAND	2011	TIMORE C.,
1	OSPITAL OR oddress or location)				RURAL and give township)
'	BALTIMUNE CITT H		E55E	X	53-00
	4940 EASTERN AVEN		D. STREET ADDRESS	(If rural, give location)	
	BALTIMORE, MARYLA			RSIDE ROAD -	21221
_	ALE WHITE MA	IED, NEVER MARRIED WED, DIVORCED (specify) RRIED	8. DATE OF BIRTH 10-7-13	9. AGE (In years lost birthday) 54	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
	MECHANIC GLI	DOEN PAPAT	WEST VIRG	INIA	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDE	NAME	
	LEE PLANTS		SARAH	FONNES	
15.	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	SARAH 17. INFORMANT		21224 ADDRESS
1			PECOPING_BCL		AVENUE-BALT IMORE, MD
-	18. 4 27. / 1	CAUSE O		-4340 mornin	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			<u> </u>	ONSET AND DEATH
	LEADING TO DEATH	(A) (2	endomones	, premoni	in 11 they
	(This does not meon the mode of dying, heart foilure, asthenia, etc. It means the dise	ose.		, promoni	
	injury or complication which caused death.)	Pu	Quionary	Ernephysen a	- Vears
	ANTECEDENT CAUSES	DUE TO			0
	DISEASES OR CONDITIONS, if ony, gir	ring CAA	the Own	& Disease	
	rise to the obove couse (A) stating UNDERLYING CONDITION lost.	(C)		7	
	П				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	TING			
	DISEASE OR CONDITION CAUSING IT.		100 4		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	OT NO. 208, IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21C. WHERE I fice bldg., INJURY OCC	OID (If in Boltimo UR?	ore City, give exact tocotion)
ED	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
\$	(APPROX)	While At Work Not While At Work	e		
	22. I certify tho			1967 to 1	NEMBER 1967.
	that we lost sow the deceased alive				pinion deoth occurred on the dote
		CHORE			billion decili occurred on the dote
	ond hour and from the couses stated abov 23A. SIGNATURE	o. (I) (aid) (ara not) v	lew the body offer de	BOTN.	23 B. DATE SIGNED
	Michael R. Mich	OCa M.D. Atte	ending Med. Director	Stoff Ky	1 NOVEMBER 196
	23C. PHYSICIAN'S		s. Director	Phy s.	1 100 VEJUISER 176
	NAME (Type)				
2.1.	DR. MICHAEL R. McMIL			STERN AVENUE -	
244	REMOVAL (Specify) 248. DATE 1/3/67	C. NAME of CEMETERY of CRE			City, town, or county) (State)
	BURTHEROUGH	HAR MONY ME OF REGISTRAR		BURTON W	V. VA.
254	1	at the m			
		ub E, tarbuma	J.G. COMA	VELLY SONS	300 MACE
VS	150-REV. 1/1/65		0 5 7	() BA	LTO. MD.

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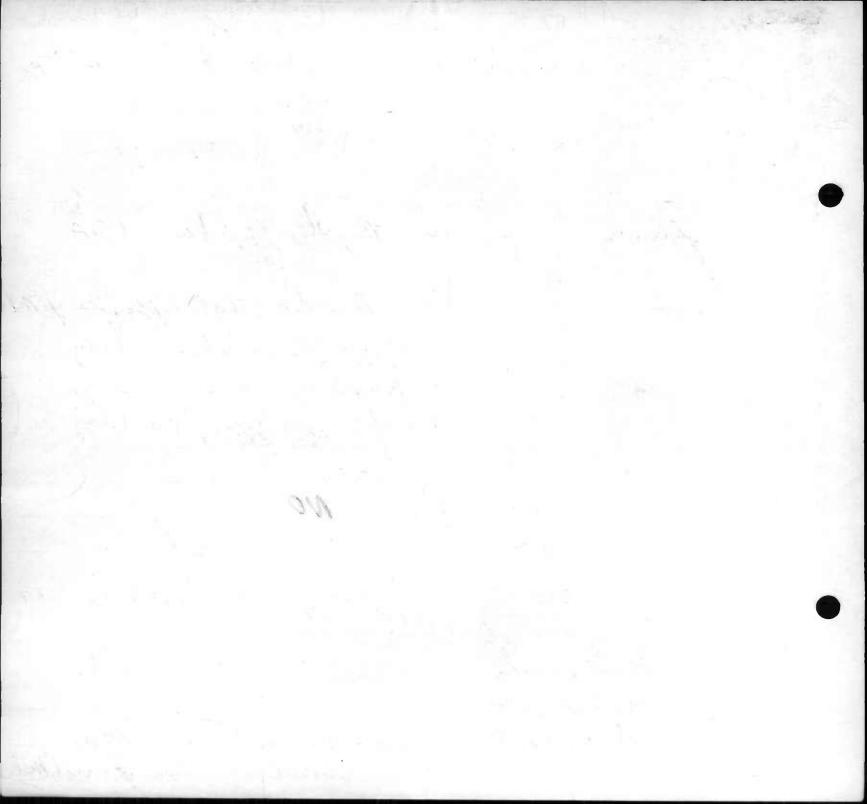
Wales and the same of the same

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written control must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	Y HEALTH DEPARTMENT	07 40505
BIRTH NO. 67 10525 CERTIFICA	TE OF DEATH Registered No.	67 10525
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) ON OF FARL H.	2. DATE AND HOUR OF DEATH	8015 P
3. PLACE OF DEATH IN BALTIMORE, MARTLAND	4. USUAL RESIDENCE (Where deceased lived. If insti	itution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	RAL ond live township)
MANTLANDIGENERAL HOST	D. STREET ADDRESS (If rurol, give locotion)	e
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	19/22/06 60	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
donorduring most of working lift, even if retired) Lyon STORE	11. BIRTHPLACE (Mate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DINER (LONG	Refer Hand CAL	7
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) ldf yes, give wor or doles of service) SECURITY NO.	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	2 ceite	Same
	OF DEATH EMRYON	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TECTICIAR CHECK	9 1/2 YRC
(This does not mean the made of dying, e.g., (A) DUE TO	= DETASTASES	12/10
hearl failure, asthenia, etc. II meons the disease, injury or compfication which caused death.)	2	
ANTECEDENT CAUSES (B)		······································
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION Iosl.	**************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Wh	21F, HOW DID INJURY OCCUR?	
While At Not Who Work At Work	ile 🦳	
22. I certify that (I ((this hospital) attended the deceased fram	10-19 196710 11	1-1 1967.
that (1) (we) last saw the deceased alive an	19 6 2 and that in (my (our) apini	
and haur and fram the causes stated abave (D)(W (did) (did nat)	\sim	
	tending Med. Stoff ys. Phys.	11-1-67
23C. PHYSICIAN'S NAME (THEFT) PANKET - FORICK MAN.D.	23D. ADDRESS Md. Gen'/ Ho.	SP.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City,	, town, or county) (Stote)
10unal 11-5-67 Juy / Vell	Cem James	Md.
25A. DATE REC'D AN HEALTH DERT 25B. NAME OF REGISTION TO 1967	25C. FIGNERAL DIRECTOR	san Laurel Mid
VS 150-REV. 1/1/65	I were vernale	an value of

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0	67 10		HEALTH DEPARTMENT	Registered No.	67 10526		
	M.E. CASE NO.	CERTIFICA	TE OF DEATH	* \			
	1, NAME OF DECEASED (Type or Print)	LOV	2. DATE AN	D HOUR OF DEATH	1725		
1	SAMUEL J. BUS	SICK	4. USUAL RESIDENCE (When	e deceosed lived. If instit	ution: residence before odmission)		
			A. STATE B. COUN	TY	11 00		
1	FULL NAME OF (If not in hospital or instituting HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write RURAL ond give township)				
ı	INSTITUTION HE JOHNS HOPKINS		JESSUP		63-00		
	BALTIMORE, MD 2	1205	D. STREET ADDRESS (If	rurol, give locotion)	400		
	23		OAKLAND MIL	LS RD. BOX	190		
	5. SEX 6. RACE 7. MARR WIDO	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years I lost birthdoy)	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.		
	7 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RRIED	10-3-95	72			
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	2. CITIZEN OF WHAT COUNTRY?		
	farmer 3	larm	75ig Mare 6	lab Va.	· USA		
1	13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME			
Ì	JAMES B. BUSICK		ELIZA DIXON	V			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	na	214-22-5999	Mrs. Dara	the Whi	des Jessup My		
	18.420,11-177)	CAUSE O	F DEATH	1	ONSET AND DEATH		
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	As.	1:10	1 +:	1000		
	(This does not mean the mode of dying,		Journay Dry	carellon	1009		
	heart failure, asthenia, etc. 11 means the diser injury ar camplication which caused deoth.)	ise,	Callo				
	ANTECEDENT CAUSES	(B)	SCVD		20 yrs.		
	DISEASES OR CONDITIONS, if any, given	ring	1	- 1	I Day		
	rise to the obave couse (A) slating UNDERLYING CONDITION last.	the (C)	rogic processe	The cayou) Parity		
	II II	- 01	une and	willing_			
	O THE DEATH BUT NOT RELATED TO		+++: = = = =	*			
	A DISEASE OR CONDITION CAUSING II.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	DINGS CONSIDERED		
	198. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	or which orexadon	110	IN CERTIFYING CAUS	ES OF DEATH?		
	U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore C	lity, give exact facation)		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ance blags, INJORI OCCOR:				
	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
	OF INJURY (APPROX.)	While At Not While Work At Work					
	22. I certify that (I) (this haspital Dattend	ed the deceosed fram	10/26/	1967 to 10/	28/67 19 67		
	that (1) (ve) last saw the deceased alive	1	4/ /	at in (my) (our) opinio	on death accurred an the date		
	ond hour and fram the couses stated abov	. (1) (We) (did) (did not) v	view the body ofter deoth.				
	23A. SIGNATURE				3B. DATE SIGNED		
	6. M. Levinson	M.D. Atte	s. Med. Director	Stoff Phys.	10/28/67		
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS				
	E.M. Levinson	M.D.		NS HOSPITAL			
	24A. SURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRI	EMATORY 24D. L	OCATION (City,	town, or county) (Stote)		
	Durial 10-31-671	Keadamida	e Membark	Harry	Mol		
	2001 0 1007 0 0	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	n o	ADDRESS		
	MOV 6 196/ OLL	D C, VCNOCHTUR	NeWitt	Varialtean	Laurel, Md		
	VS 150-REV. 1/1/65						



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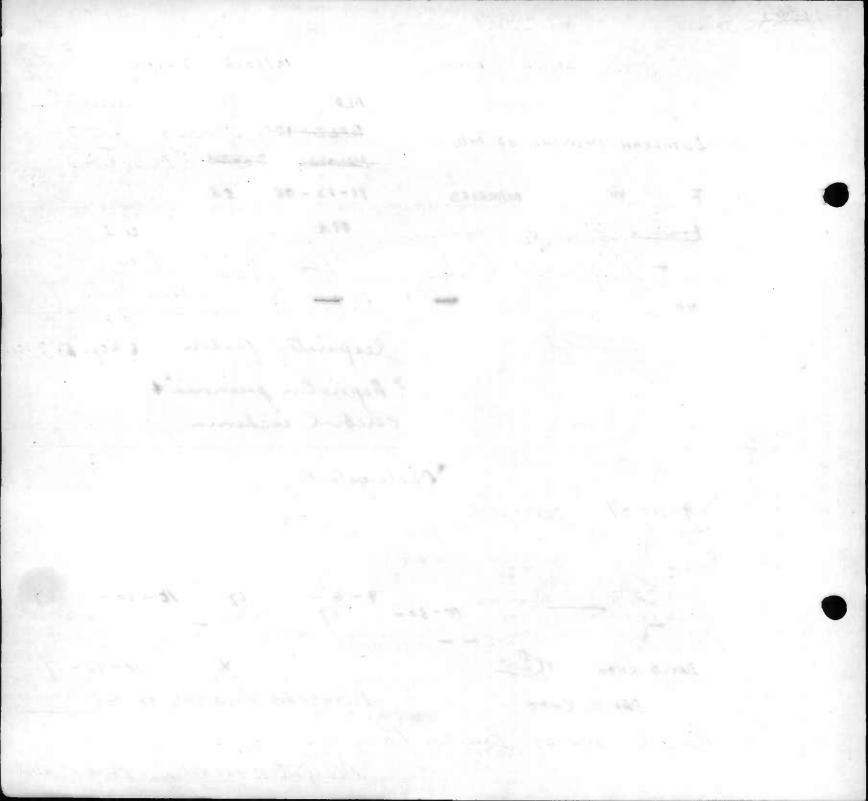
67	10527
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Na.

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 		 _			_	

M.E. CASE NO.	CERTITIO	AIL OI D	EATT	
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR OF DEAT	
HOOD, AN	NA MARIE		10/30/67 7:	25 pm M.
3. PLACE OF DEATH IN BALTIMORE, MA	ARYLAND		IDENCE (Where deceased lived. If	institution; residence before odmission)
		A. STATE	B. COUNTY	// 10
	or institution, give street	MD	Unn	e (irundel
HOSPITAL OR oddress or location INSTITUTION)n)	C. CITY OR TO	OWN (If outside city limits, write	e RURAL ond give township)
		PAI-	MARCE DIRECE	-V -210 76
Q LUTHERAM HOSPIT.	AL OF MD.	D. STREET AD	DRESS (If rurol, give location)	
2011/2011		11.	M	7-00
		1	The state of the s	ACEROAD
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BII		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
E W	WIDOWED, DIVORCED (specify)	11-12	-08 lost birthdoy	Monms Doys Hours Min.
	MARRIED			I a comment
tOA, USUAL OCCUPATION (Give kind of wordene during most of working life, even if retired)		KT II. BIRIHPLAC	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
P = 21	1 1	Md		11 8
Hauser	fe Hame			4.5.
13. FATHER'S NAME	/ /	14. MOTHERS	MAIDEN NAME	^
-1:1	111 6	//	Mr. H	£. 10 a.s.
Charles	W. Hinks	//	any vugens	cacer
5. Was Deceased Ever in U. S. Amned Fo Yes, no or unknown) (If yes, give wor or do	orces? les of service) 16. SOCIAL SECURITY NO.	17. INFORMAN	10 11 0	ADDRESS
	Control 140.	Pit	- 1 1 1 0 0 1	age land
NO		Michael	o D. Hood	Juracy, My
18. 4-9 / X I	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DE	RECTLY			ONSEI AND DEATH
LEADING TO DEATH		Kojaur	along facture	6:45 a. F. 7:25-
(This does not mean the made a	f dying, e.g., DUE TO		J- 0	
heart failure, osthenia, etc. II mean	s the disease,	,		
injury or complication which cause	d death.)	n	/~ ·	′ .
ANTECEDENT CAUSE	S (B)	Hapun	tion preumonia	- &
	DUE TO			1 2 2 2
DISEASES OR CONDITIONS, if	ony, giving	302 1 kg as	l inclimit	
rise to the above cause (A) UNDERLYING CONDITION last.	staling the (C)	areo co	· commen	000.000
UNDERLING CONDITION 1881.				
- 11			931.09	
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING /2	4 1	4	La Table Street
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE	legster	tomy	
	NDITION FOR WHICH OPERATION	A20A AUTOR		E FINDINGS CONSIDERED
	REORMED	V Zoni Autor		AUSES OF DEATH?
E 4-11-0/ C	holecystilis		NO	
U 21A. ACCIDENT WAS UNDERLYING		in or obout 21 C. V	WHERE DID (If in Boltim	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJUI	RY OCCUR?	
U				
O 21 D. TIME (Month) (Doy) (Year	(Hour) 21 E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not W	/hile [m]		
(APPROX)	Work L AI Wo	ork 🗀		
22. I certify that (1) (this hospite	ol) ottended the deceased from	9-6-	- 1967 to	10-30- 1967.
that (I) (we) lost sow the deceas	ed offive on 10 30 m	19.0	and that in (my) (aur) o	pinian death occurred on the date
ond hour and from the causes sta	oted obove. (I) (We) (did) (did not)) view the body	after deoth.	
23A. SIGNATURE	We die			23B. DATE SIGNED
	NP 3	Attandias —	Mod - Stell -	TOWN WITH STORES
DAVID KHOO	Thos. M.D.	Attending Phys.	Med. Stoff Phys. X	10-30-67
23C.PHYSICIAN'S	,	23D. ADDRESS		
NAME (Type)			-2 - 11	
DAVID KH	60 M.I	D. LUTHE	ERAN HOSPITAL	- 6F Ma
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	CREMATORY	24D. LOCATION	City, town, or county) (State)
REMOVAL (Specify)		000	12 1-	. 90 /
Durial 11-2-4	7 Koudan la	ark len	~ / Hallens	ro Mal
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR		AL DIRECTOR	ADDRESS
	A 940 M	1//	11:00 /	1 2 1
NOV 6 1967	A. O. B. E. Starley M.	Rel	Vill Hanald	an paurel Mid,
/S 150-REV. 1/1/65		1 1 1 1 2	- g	



VS 150-REV. 1/1/65

Such

BIRTH NO.	67 1	0528 CERTIFICA	TE OF DEATH	Registered No.	67 10528
M.E. CASE NO.			2. DATE A	ND HOUR OF DEATH	
(Type or Print)	PORT	ER, JENNIE MA	Y OCT	OBER 31, 1	967 2:20P M
3. PLACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceosed lived. If in	stitution; residence before admission)
FULL NAME OF (I	f not in hospital or instit	ution, give street	MARYLAND		Balto Co.
INSTITUTION	dutess of loconomy		BALTIMORE	utside city limits, write l	RURAL ond give township)
1/0 ST	. AGNES HO	SPITAL		rurol, give location)	00-00
70			5120 SOUTH	ROLLING RD	. 21227
FEMALE WH	Wit	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) DOWED	5/02/83	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. USUAL OCCUPATION	(Give kind of work 10 B. Kil	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	e, sven ir remsu)		ILLINOIS		U.S.A.
13. FATHER'S NAME		·	14. MOTHER'S MAIDEN NA	ME	
ENNIS CALVI	N SCHULER		MARY JANE	LEWIS	
15. Was Deceased Ever in (Yes, no or unknown) (If yes,	U. S. Armed Forces?	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	IONE	SECORITI NO.	ST. AGNES HO	SPITAL REC	ORDS
18.4 33	1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY	C.	7: 11. A	C : 1 0	ONSEL AND DEATH
	G TO DEATH The made of dying,	(A)Con	gesting Heart	radiune	
heart failure, asthenia	, etc. It means the dis which caused death,)	sease,	C = 11 A		
	DENT CAUSES	(B) //	3 6 0 0		
	ADITIONS, if any, or cause (A) stating	giving (C)	trial Libri	elation	
UNDERLYING CON		(0)			
E TO THE DEATH	CONDITIONS CONTRIBUT NOT RELATED T				
DISEASE OR CONDIT		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	FINDINGS CONSIDERED
19A. DATE OF OPERAT					
OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	office bidg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
21D. TIME (Month)	(Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	,- <u>-</u>
(APPROX.)		While At Work At Work			
22. I certify that (I)	(this hospital) atten	ded the deceased from	OCTOBER 13	19 67, OCT	OBER 31 19 67
that (I) (we) lost sa	w the deceased olive	on OCTOBER 3	1 19 67 and th	not in (my) (our) api	nion deoth occurred on the dote
and hour and from t	he couses stated abo	ive. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	1 1 0				23B, DATE SIGNED
Bu	ana	M.D. Att	ending Med. Director	Stoff Phy s.	10-31-67
23C. PHYSICIAM'S NAME (Type)	lino O.V	asallo M.D.	23D. ADDRESS.	es Hosp	
24A. BURIAL CREMATION REMOVAL (Specify)	24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Ci	y, town, or county) (Stote)
Burial	11/4/67	Meadowride	ge Cem Il	sward Co.	md.
25A. DATE REC'D BY HEA	1967 P 258. N	AME OF REGISTRAR	EAN E V-CAL	CANACEH	FOWERAL HOMA

FARLEY-CAVANAOGH

FONERAL HOME

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TIME CALVIN SOUNDERS SELVICE HIVEAU THEF

STRONES MATERIALISMA .TO

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prior

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service)

0

attendance

2 1 F JURB 495 17

24C. NAME of CEMETERY OF CREMATORY

Nov. 6, 1967 Loudon Park Cem.

& CATON AVE HOSPITA WILKENS

24D. LOCATION

25C. FUNERAL DIRECTOR

Balto. Md.

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH School of School of School (A) School of School (B) School of School (B) School of School (B) School of School (B) Sc
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)	e.g., DUE TO
	ANTECEDENT CAUSES	DUE TO
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in or obout 121C. WHERE DID home, lorm, foctory, street, office bldg., etc.) (If in Boltimore City, give exact locotion)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Work At Work
	that (I) (we) last saw the deceased alive	an NOVEMBER 2 19 67 and that in (my) (aur) apinian death accurred an the date (I) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE	M.D. Attending Med. Stoff Phys. 238. DATE SIGNED
	23C.PHYSICIAM'S NAME (Type)	23D. ADDRESS
	OSCAR LABORDA	M.D.ST AGNES HOSPITAL WILKENS & CATON AVENU

VS 150-REV. 1/1/65

written

24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D BY HEALTH DEPT

REMOVAL (Specify)

ADDRESS G. Truman Schwab 3512 Frederick Ave. Balto. Md.

(Stote)

(City, town, or county)

BOMBLA STORES LANGUE BY ENGLA

C. SENOS OF CHARMS THAN SOME

COLUMN CONTRACTOR

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attendance Cause

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occurred in a hospital and

BIRTH NO.		7 7 7 7 7 7 1	112312111 201111111111111111111111111111		67 10530	
IRTH NO. ALE CASE NO. ALE CASE NO.			ATE OF DEATH	Registered Na	2.0000	
NAME OF DE	ECEASED		2. DATE A	ND HOUR OF DEATH	1	
Type or Print) Albert T. Marlowe			Nov.	1, 1967	11:15 P.	
PLACE OF DEATH IN BALTIMORE, MARYLAND			re deceased lived. If	institution: residence before admis		
FULL NAME OF (If not in hospital or institution, give street			Maryland			
HOSPITAL O	R oddress or location			tside city limits, write	RURAL and give low schip)	
O O 4201 Potter St.			D. STREET ADDRESS (If jurol, give locotion)			
- SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Haurs: M	
Male	White	Widowed (specify)	Aug. 12, 1886	81	74.011.13	
OA, USUAL OC	CUPATION (Give kind of wo	rk 108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote ar fare		12. CITIZEN OF WHAT COUNTRY?	
	ot working life, even if retired) S. Treasury De		Mankanana Ca 1	r.3		
3. FATHER'S N		pt.	Montgomery Co. 1	ME.	U. S. A.	
	mes Marlowe		Consulation Marie			
		2 11/ 000101	Georgianna The	_	ADDRESS	
ies, no or unkno	ed Ever in U. S. Armed Fo wn) (If yes, give wor or do	tes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4201 Po	tter St. Ba	lto. Md. 21229	
Yes	1918	214-50-4050		Shipley		
18.	D 2.11	CAUSE	OF DEATH	1	INTERVAL BETWEEN	
DISE	ASE OR CONDITION D	IRECTLY CO.	RENARY OCCI	-0510N-	ONSET AND DEATH	
LEADING TO DEATH			NYOCARDIAL	INFARCT	[. 5 mm.	
(This does not mean the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease,						
injury or complication which coused death.)		A-CUH-Z	7	5 yrs.		
	ANTECEDENT CAUSE	S (B)				
DISEASES	OR CONDITIONS, if	ony, giving				
rise to the abave cause (A) stating the (C) UNDERLYING CONDITION lost,		**************************************	****			
7	THE CANT CONDITIONS	CONTRIBUTING				
T OTHER SIG						
E TO THE	DEATH BUT NOT REL					
TO THE	DEATH BUT NOT REL OR CONDITION CAUSING OF OPERATION 198. CO	IT. NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 20B. IF YES, WERE	FINDINGS CONSIDERED	
TO THE	DEATH BUT NOT REL OR CONDITION CAUSING OF OPERATION 198. CO	IT.	20 A. AUTOPSY? (Yes or N	20B. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?	
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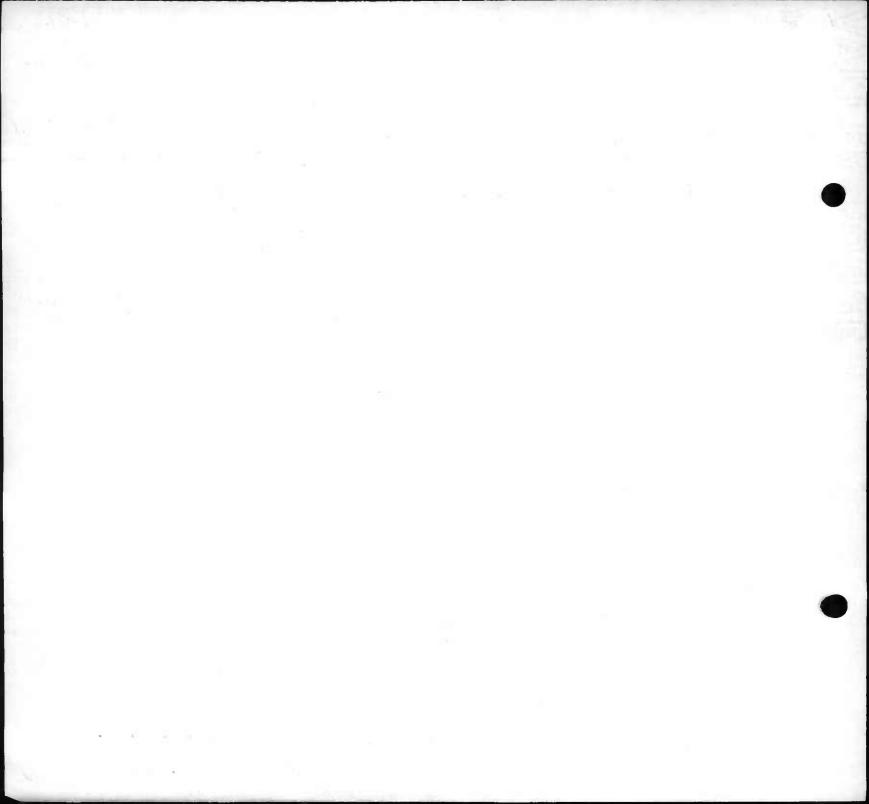
VS 150-REV. 1/1/65

Truman Schwab 3512 Frederick Ave. Balto. Md

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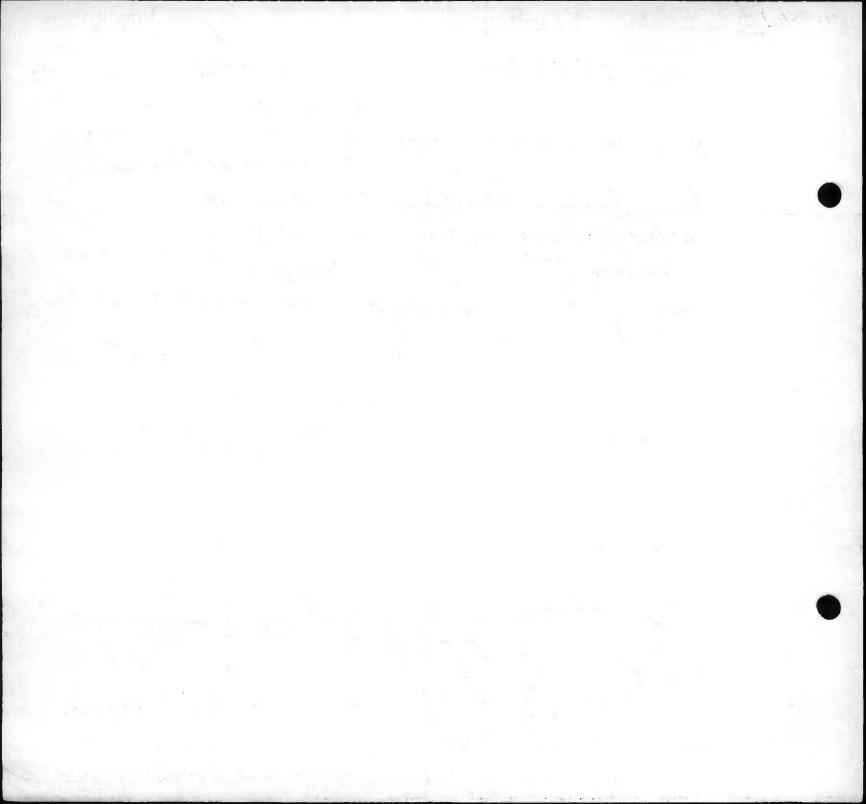
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		Ola	4050	BALTIMORE CITY	HEALTH DEPARTMEN	Т	67 10531
	H NO.	6/	1053	CERTIFICA	TE OF DEATH	H Registered Na.	70001
	AME OF DECEAS	ED,				AND HOUR OF DEATH	1.2
(Тур	Pe or Print) ANNIE ETILLERY				4 NOVEMBERIO	367 12 D PM	
3. P	LACE OF DEATH	IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (A. STATE B. CO	Where decoosed lived, II i	institution: rosidenco beforo odmission)
	FULL NAME OF (If not in hospital or institution, give street		MARYLAND	-			
	HOSPITAL OR oddross or location) INSTITUTION			BALTIMORE	If outside city firmits, write	RURAL ond give wynship)	
5	SOUTH BALTIMORE GENERAL HOSP			D. STREET ADDRESS (If rurol, give locotion)			
	43		0		1715 BELT	ST	
5. S	EX 6.	RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	F	W	W	08 W 80	12-8-82	lost birthdoy)	
		TION (Give kind of work ting life, even if retired)	10 B. KIND OF	BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSE MI	FE			MARYLAND		USA
13.	FATHER'S NAME	0 4			14. MOTHER'S MAIDEN		
	JOHN	Y KRAFT				FFNAN	
15. Yes	Wos Deceosed Eventury (If	er in U.S. Armed For yes, give wor or dote	ces? s of sorvico)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			219-10-7344	MAURICE C	TILLERY	1715 BELT ST - 21230
	18. 42 W	/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIE ADING TO DEATH	RECTLY	··· CE	RESBOYASCULA	o Bockusian	38 DAYS
		meon the mode of		DUE TO	KEBBOYHICOSH	K OCCLUSION	
	heort foilure, asthenia, etc. It means the disease, injury or camplication which coused death,) ANTECEDENT CAUSES (B) ARTERIOSC CEROTIC CARDIOVES CULAD OIS. YEARS.					O. VEARS	
	An'	TECEDENT CAUSES		(B) PR	TERIOSC LEROTIC	L VARDIOVES EULAS	, VS. / E-1K3.
		CONDITIONS, if abave couse (A)		(6)			
		ONDITION lost.	John J	10/		5 T U T U U U U U U U U T T T U U T U T	
z		11	0				
101	TO THE DEA	ANT CONDITIONS C TH BUT NOT RELA NDITION CAUSING I	TED TO TH	E			
ICA	19A. DATE OF OF	ERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yos o	or No. 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFI	Q NonE	WAS PER	FORMED	-	Ns	IN CERTIFYING CA	AUSES OF DEATH?
AL C	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify mo		N & otc.	PLACE OF INJURY (o.g., in the form, foctory, street, or	n or obout 21C. WHERE DI	D (If in Baltime R?	ro City, give exect location)
DIC	21 D. TIME (N	Nonth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
N X	(APPROX.)	-	Whi	ile At Not While	• 🗆 🗕		
	22. I certify the	at UT (this hospital		he deceased fram		19 67 to 4	NOVENBER 19 67
							inian death accurred on the date
) (We) (did nat) v			
	23A. SIGN ATURE	0.0.1	11				23 B. DATE SIGNED
	S	ra Litettich	\mathcal{U}	M.D. Atto	onding Med. Director	Stoff Phys.	4 NOVEMBER 1917
	23C. PHYSICIAN'S NAME (Type				23D. ADDRESS		2
		IRA L. FET	TERHO		SOUTH BALTO		BALTINORE MD.
24A	REMOVAL (Spoo	cify)	24C. N	AME of CEMETERY or CRI			City, town, or county) (Stote)
	Burial	11 8 67		Cedar Hill		Brooklyn, A.	100 2 2 72 2
25A	. DATE REC'D BY	HEALTH DEPT967	258 NAME C	OF REGISTRAR	25C. FUNERAL DIRECT		. Fort ve
VS	150-REV. 1/1/65			-,	Inc outly	y , , , ,	• LOIO AG



H- 43d

	67 405	BALTIMORE CITY	HEALTH DEPARTMENT		05 40500		
BIRT	н но. 67 105.	CERTIFICA	TE OF DEATH	Registered Na	67 111532		
	CASE NO.						
	AME OF DECEASED HOLT. H	tenry O.	2. DATE AND	4-67	1335 A.M.		
3. P	LACE OF DEATH IN BALTIMORE, MANYLAND	1	4. USUAL RESIDENCE (Where	e deceosed lived. If inst	itution: residence before admission)		
F	ULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) NSTITUTION	ion, give street	Maryland	side city limits, write RU	Balto Co,		
Va	11 11 11 las Gana	eral Hosp.	Baltimor	e 2	11222		
	North Charles Gene		1702 WOO		ive 53-00		
5. \$	M W WIDE	RIED, NEVER MARRIED DWED, DIVORCED (specify) Harried	4-23-94	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Month's Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10 B, KIN during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig		12, CITIZEN OF WHAT COUNTRY?		
	netired RUFFER BE	th, Steel	West Virgi	Inia	USA		
13.	FATHERS NAME 13/1RTLEY	T. HOLT	14. MOTHER'S MAIDEN NAM	LOUISE	C. SHGER		
15. 1	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
	, no or unknown) (If yes, give wor or dotes of serv	2.16-10-5003	- chart	@ North Ch	as. Sen. Hosp.		
	18.4 20 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10-23-67					
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	e.g., DUE 10	veerduif J		11-4-67		
	ANTECEDENT CAUSES	(B)			*****		
	DISEASES OR CONDITIONS, if ony, girise to the above cause (A) stoting UNDERLYING CONDITION last.	ving					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
ERTIFIC/		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?		
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)		
1 5	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
WE	(APPROX)	White At Not While Work At Work	e _				
	22. I certify that (I) (this hospital) attend		9-13 1	9 67 ta //	- 4 1967		
	that (I) (we) last saw the deceased alive		/ >	at in (my) (our) apini	ian death accurred an the date		
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death.						
	23A. SIGNATURE	00			238, DATE SIGNED		
	Luis C.	Kenjel M.D. Atte	ending Med. Director	Stoff Phy s.	11-4-67		
	23C. PHYSICIAN'S NAME (Type) ARCOS L	evine M.D.	201 Wis	e Ave.	2/222		
24A	REMOVAL (Specify) 248. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) (Stote)		
25.4	3017/67	MOIZELAND TO	25C. FUNERAL DIRECTOR	4RKVILL.	E MD		
234	NOV 6 1967 (R.O.	e & E , talkey MA	ULLRICH FUN	With Phil Les Do 1	DUNDALL MD		
VS	150-REV. 1/1/65		DECKIED JUN	THE POINTS	- consequent		



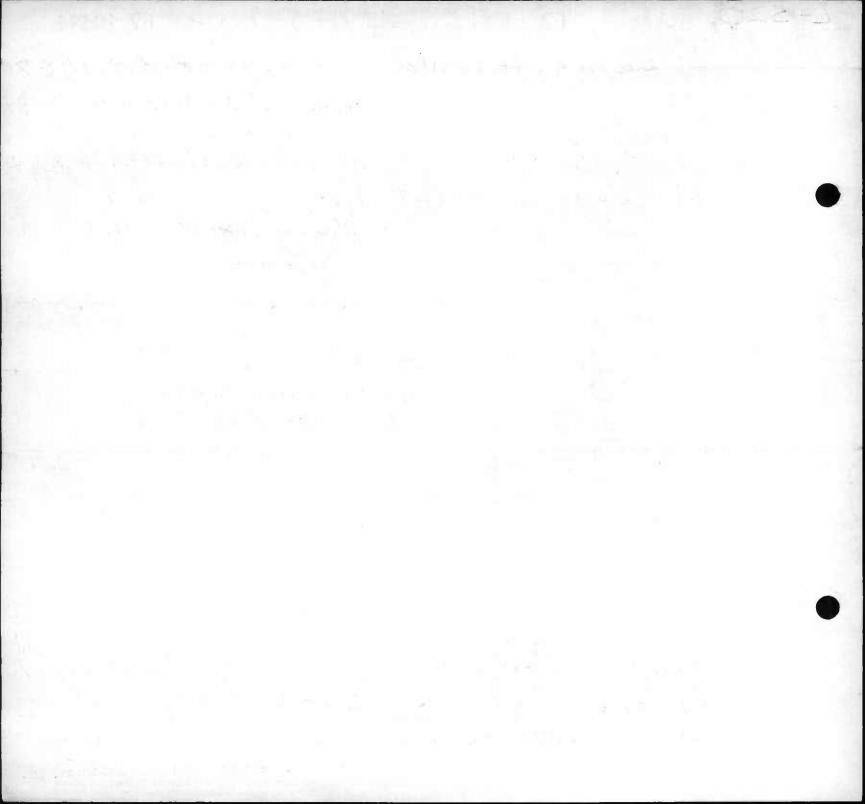
This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct ar contributing cause of death shows: (1) An accident af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE	CATE OF DEATH Registered No. 67 10533					
		H NO. 67 10533 CERTIFIC	CATE OF DEATH Registered No.					
	1, N	CASE NO.	2. DATE AND HOUR OF DEATH					
		LACE OF DEATH IN BALTIMORE MARYLAND	M. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)					
		The state of the s	A. STATE B. COUNTY					
	H	ULL NAME OF (If not in hospital or institution, give street dOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
	1		Balling - 53-00					
	7	Whin memoral Hospital	D. STREET ADDRESS (If rurol, give location)					
de	5. S	EX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His.					
mad	0	windowed, DIXORCED (specific	(y) O4103191 lost birthdoy) Month's Doys Hours Min.					
u is		USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
sposition	DET	WELERCHUND JEWELRY	Michigan USA.					
500	13. [FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
disp		ATKINSON	- BESSIE BRADY					
5	15. V (Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
t l		NO 577-10-29						
0		DISEASE OF CONDITION DIRECTLY	ISE OF DEATH Grandial Suface l'ac INTERVAL BETWEEN ONSET AND DEATH					
palmed		LEADING TO DEATH	Complete Heart Books					
ם		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
emp		injuly of complication which caused death.) ANTECEDENT CAUSES (B)	2° GASCVD-					
		DISEASES OR CONDITIONS, if ony, giving Biological Among The 20 To PW						
Sare		uise to the above couse (A) stoling the UNDERLYING CONDITION lost.						
0		11	Dierty milities & and frame					
e B	NOI	TO THE DEATH BUT NOT BELATED TO THE	ite heat bluk & conduce Standstell maken.					
her		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	dent transcom prog 7 templay gaces 20A. AUTOPSY? (Yes or No! 20B. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
ained before the remains	ERTIF	(on the new Mark Sympount attal My						
for		OR CONTRIBUTING CAUSE OF Laim, factory, she	(e.g., in or about 21 C. WHERF DID eet, office bldg., INJURY OCCUR?					
l be	O	DEATH (notify medical examiner) etc.)	<u> </u>					
nec			t While					
otai		Work L At	Work					
0	22. I certify that (1) (this haspital) attended the deceased fram 10 2 19 67 to 19 67, that (14) (we) last saw the deceased alive an 19 67 and that in (16) (aur) apinian death accurred an the date							
t be	1 1	and hour ond from the causes stated above. (1) (We) (did) (did						
must	1 1	23A. SIGNATURE	23 & DATE SIGNED					
		David S. Arthwarts M.D. Attending Med. Stoff Phys. 1/1/1/7						
AD		23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS					
appraval	244		M.D. THE UNION MEMORIAL HOSPITAL					
	24A	REMOVAL (Specify)						
written	25A	JAURINU 11/4/61 FANTI MORE DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	CENTETERY POINT MONE MD 25C. FUNERAL DIRECTOR ADDRESS ULURICH FUNERAL HOME 4216 BEWIN.					
*		NOV 6 1967 Report & Farley	ULURICH FURLING HOME 4216 BELLIND					
	VS	150-REV. 1/1/65						

IN SHIP TIES Compatible Tipe and Collins May 2 True Co T. IV) : -10 to -20 1/10

VS 150-REV. 1/1/65

11 1 10 2 1 1 1 1 1 1 1 1 3 3	HEALTH DEPARTMENT	67 10534					
Mile CASE NO.	TE OF DEATH Registered No.						
(Type or Print) Laing, Terrald	3; 40 A.M.	Oct. 31.62					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If instit	ution; residence before admission)					
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	Md. (Patat Hap) C. CITY OR TOWN (If outside city limits, write RUR						
SINAI HOSPITAL	Ruval-Box1	2 (Hortale, 62-0)					
42 BALTIMORE, MARYLAND	D. STREET ADDRESS (If rural, give location) Rt. 1, ROCK SCHOV	e 4:11 Rd. Rocks Me					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	f Under 1 Yr. If Under 24 Hrs. Min.					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Mary land	2. CITIZEN OF WHAT, COUNTRY?					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0(1).					
David Eugene Laing	Evelyn Guyton						
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mr. David E. Laing						
Mone		Edgewood, Maryland					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	abetes Insipide	INTERVAL BETWEEN ONSET AND DEATH					
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
ANTECEDENT CAUSES (B) HY GAVAEN CEPHATY DUE TO							
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	draencephaly ctrolyte Imbalan	c e					
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 1. 1. 21B. PLACE OF INJURY (e.g., i	Pending 20A, IF YES, WERE FIN IN CERTIFYING CAUSI						
OR CONTRIBUTING CAUSE OF CREATED CAUSE OF CONTRIBUTING CAUSE OF CA	n or about 21 C. WHERE DID (If in Boltimore C) INJURY OCCUR?	ity, give exact location)					
OF INJURY (APPROX.) ON TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?						
22. I certify that (1) (this haspital) attended the deceased fram	1 d 1 1067,0ct	31 1062					
that (I) (we) last saw the deceased alive an Oct 3 (19 6 and that in(my) (aur) apinia	n death accurred an the date					
and haur and fram the causes stated abave. (1) (WE) (did) (did not) view the bady after death.							
22A. SIGNATURE		B. DATE SIGNED					
Joseph A. Vichman M.D. Att.	s. Med. Stoff Phys.	Oct 31,61					
SEPHYSICIANS NAME (Type) OSEPH H, Richman M.D.							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City,	town, or county) (State)					
Burial Nov.3,1967 Bel Air Memoria	Gardens Bel Air	Maryland					
25A. DATE RECID BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
NUV 0 1901 Offert E, Jankey F.	Howard K. McComas & Son	Abingdon, Md.					



Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and regular attendance FUNERAL DIRECTOR: IMPORTANT death who pronounced examiner. regular the physician the body was released to the hospital by a medical physician was (except where a hospital to death) was D.O.A. deceased written ap

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death.

on the

014	BALTIMORE CITY H			67 10535		
BIRTH NO. 67 1	TH NO. 1033CERTIFICATE OF DEATH Registered No.					
1. NAME OF DECEASED			DATE AND HOUR OF DEATH			
(Type or Print) John Edwin Dean			November 2, 196	7 / 30 D.M.		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDEN	B. COUNTY	ution: residence before admission)		
FULL NAME OF (If not in hospital or institu		md	Calmant	(%)		
HOSPITAL OR oddress or location)	HOSPITAL OR oddress or location)			AL and give township)		
Melchor Nurs	Solomone 54-00					
90 2327 N. Charles St. 21218		D. STREET ADDRESS (If rurol, give location)				
/	DDIED NICHED ALABORE					
WID	RRIED, NEVER MARRIED B. B. B. B. B. B. B. B.	DATE OF BIRTH	9. AGE (In years N	f Under 1 Yr. If Under 24 Hrs.		
Male White	NO OF BUSINESS OR INDUSTRY 11	Dept, The	ote or foleign country)	2. CITIZEN OF		
done during most of working life, eyen if retired)	2+1	ll ma	, and	WHAT COUNTRY?		
Ship yard (Sownell) /1	elled	St. 11/aly Co, 7114. U.S.A.				
13. FATHER'S NAME	Dean	14. MOTHER'S MAJOEN NAME				
John y rearry		ynn	v Maria			
15. Was Decembed Ever in U. S. Armed Foces? (Yes, no or unknown) (If yes, give war or dates of ser	vicel 1 6. SOCIAL 17	7. INFORMANT	· G.	ADDRESS		
No -	216-05-83901	The Jather	exel/ Froom	tolomone, Ina.		
1B. d.d	CAUSE OF	DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	2	3	77	1		
	(This does not mean the made of dying, e.g.,					
	heall foilure, osthenia, etc. II means the disease, injury at camplication which coused death.)					
ANTECEDENT CAUSES	(B) Ext	venie	seculity + Clay	ouic B Yuda		
DISEASES OR CONDITIONS, if any,	DISEASES OR CONDITIONS, if any, giving					
	lise to the obave cause (A) stoling the UNDERLYING CONDITION (ast.					
11			/			
OTHER SIGNIFICANT CONDITIONS CONTRIB						
O OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY?	Yes or No. 20B. IF YES, WERE FIN	DINGS CONSIDERED		
U 21A. ACCIDENT WAS UNDERLYING	232 81 4 65 05 11111977	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	2			
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in of home, form, foctory, street, offic etc.)			ity, give exact location!		
<u>o</u>						
S OF INJURY	21 E. INJURY OCCURRED While At Not While I		DID INJURY OCCUR?			
(APPROX.)	Work At Work					
22. I certify that (1) (this hospital) attended the deceased fram 10-20- 1967 to 11-7- 1967.						
that (1) (we) last sow the deceased alive an 11 - 2 - 19 5 7 and that in (my) (our) opinion death occurred an the date						
ond hour and from the couses stated abo	ve. (1) (We) (did) (did not) vie	w the body afte	r death.			
23A. SIGNATURE			_	B. DATE SIGNED		
Lun Valle w	M.D. Attend	Direc	Staff Phys.	11-2-67		
23C. PHYSICIAN'S NAME (Typel	23	D. ADDRESS				
Dr. Cesar Valle Cavero	M.D.	8926 Libe	rty Rd., Randallst	own, Md.		
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME OCEMETERY CREM	ATORY	24D. LOCATION (City,	town, or county) (Stotel		

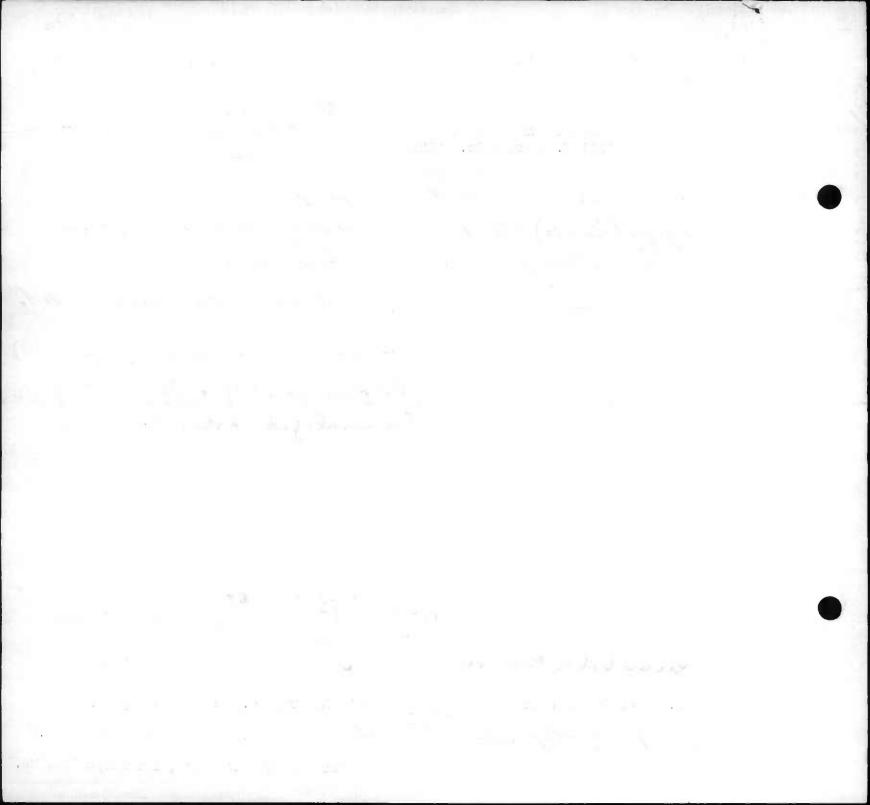
1967 VS 150-REV. 1/1/65

25B. NAME OF REGISTRAR

Lind E. Farry Harkne

25C. FUNERAL DIRECTOR

FUNERAL DIRECTOR ADDRESS
Harkness Funeral Home, Port Republic, Md.



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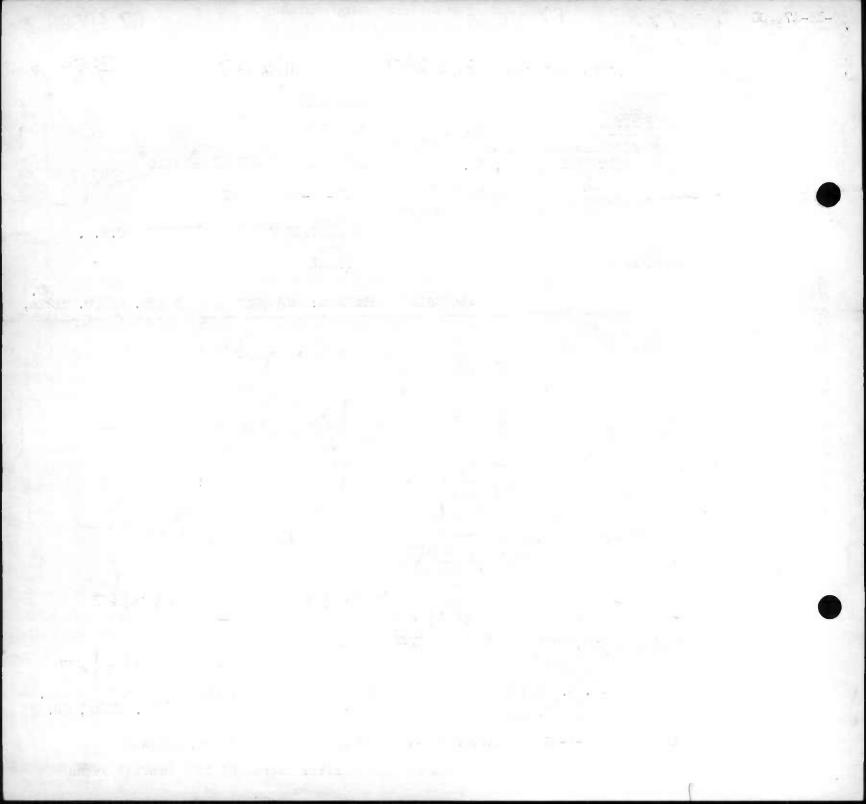
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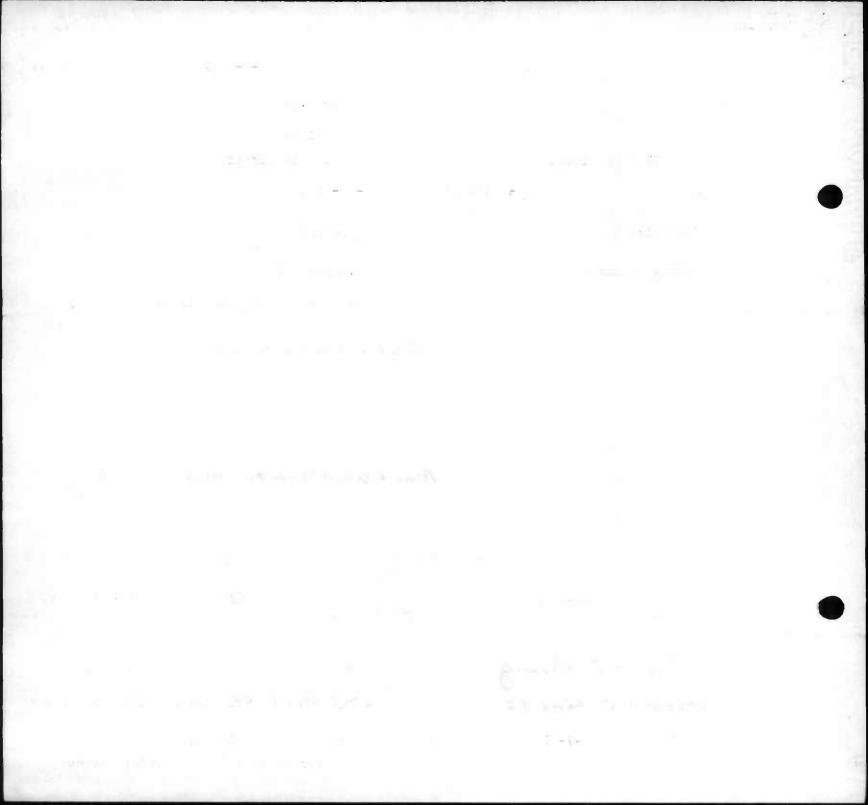
BALTIMORE CITY HEALTH DEPARTMENT 10536 Registered Na. CERTIFICATE OF DEATH M.E. CASE NO. TO 2. DATE AND HOUR OF DEATH (Type or Print) EVE RETT DM. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE deceased lived. If institution: residence before admission) B. COUNTY MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give towyship) INSTITUTION BALTIMORE CITY HOSPITALS BALTIMORE D. STREET ADDRESS 4940 EASTERN AVENUE (If rural, give location) BALTIMORE 21222/, MD.

RACE | 7. MARRIED, NEVER MARRIED 1626 MALVERN STREET made. 5. SEX 6. RACE 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. lost birthday) Months Days WIDOWED, DIVORCED (specify) Hours MALE WHITE 11-15-06 60 isposition is 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. CONNECTICHT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALEXANDER MABEL ਰ 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) MD. SECURITY NO. 049055824 RECORDS: BCH 4940 EASTERN AVE. BALTO. 21224 CAUSE OF DEATH 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) e B ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving the obave cause (A) sloting the remains UNDERLYING CONDITION last Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the ũ 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES! WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES ore 6 O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF be DEATH (notify medical examiner) etc.) MEDIC obtained (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (this hospital) attended the deceased from that (iii) (we) last saw the deceased alive an 19 pe ... and that in (mu) (aur) opinion death accurred on the date and haur and from the causes stated abave. 🏈 (We) (did) (🗸 😽 view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED M.D. Attending Med. Phys. approval 23C. PHYSICIAN'S HOSBITALS 14940 EASTERN NAME (Type) AVE. M.D 0 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) decease Burial II-6-67 Sacred Heart of Jesus Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Walter Dabrowski 1005 Dundalk Avenue VS 150-REV. 1/1/65



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FUNERAL DIRECTOR: IMPORTANT	S :=	E S	pp	0
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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	CASE NO.			CEKTIFICA	Y HEALTH DEPARTMENT		
	AME OF DECI e or Print)		.101			AND HOUR OF DEAT	
Mary Smalek 3, PLACE OF DEATH IN BALTIMORE, MARYLAND				_	TA. USUAL RESIDENCE (II-2-I967 Where deceased lived, tf	institution: residence before admiss
	71,00				A. STATE B. CO	DUNTY	
	ULL NAME OF	F (If not in hospital oddress or location	or institution, give str	eet	Maryland	e	e RURAL ond give was vnship)
	NSTITUTION						e KUKAL ond give Winship)
_					D. STREET ADDRESS	(If rural, give location)	
0	418	Imla Street			4I8 Imla	Street	
5, SE		6. RACE	7. MARRIED, NEVER	R MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24.
	W	W	WIDOWED, DIVO	ed (specify)	9-29-1886	lost birthday	Months Doys Hours Mi
			10B. KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewi	vorking life, even if retired)			Poland		U S A
	ATHER'S NAM		1		14. MOTHER'S MAIDEN	NAME	UJA
		Wleczyk Ever in U. S. Armed For	rens? 11.6. sc	DCIAL	A. Jankowski		ADDRESS
(Yes,	, no or unknown	(If yes, give wor or date		CURITY NO.		/	
				64	Mary Crusse	418 Imla Str	
	18.43	/ / /			DE DEATH		ONSET AND DEATH
		É OR CONDITION DIF LEADING TO DEATH	RECTLY	Cox.	bral wrterise	Our ris	3 412
	(This does n	ot mean the mode af		DUE TO			
	heart failure, asthenia, etc. It means the disease,						
1 1	ANTECEDENT CAUSES (B)						
	-	NTECEDENT CAUSES		(B)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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VS 150-REV. 1/1/65

RTH NO. I.E. CASE NO.		CITY HEALTH DEPARTMENT	/ CM 10500
E CASE NO.	67 10538 CERTIFIC	CATE OF DEATH Registr	red No. 07 19538
NAME OF DECEASED		2. DATE AND HOUR O	F DEATH
ype or Printi	SP	10/21/1	7 130 0
PLACE OF DEATH IN BALTIMOR	S. RUFENACHT	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admissio
		A. STATE B. COUNTY	12.00.0
HOSPITAL OR oddress or I	ospital or institution, give street lacation)	C, CITY OR TOWN (If outside city lim	its write PURAL and give township
INSTITUTION		Azutho sullo	5.2-00
44		O. STREET ADDRESS (If rurol, give lo	cotion)
Walland M.	TEMORIAL HOSE	Box 265 W. Sen	ninary Avenue
SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In)	yeors If Under 1 Yr. If Under 24 H
FW	WIDQWED, DIVORCED (specify	y) 5/4/0 lost birthdoy	7 Month's Day's Hours Min.
		JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
e during most of working life, even if re		Marile Malo	WHAT COUNTRY?
FATHERS NAME	Own Home	14. MOTHER'S MAIDEN NAME	01->.
/ Name		P MAINE NAME	2.
George SH	FOCK	KEBECCA PI	PRKS
Was Deceased Ever in U.S. Arm s,no or unknown) (If yes, give wor		17. INFORMANT	ADDRESS
Vo Wone		ramely records	
18. 24. 9 1 1 1	CAU	SE OF DEATH /D/	1 INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY	SE OF BEATH Ufiocardial VM	asset and DEATH
LEADING TO DI	/	tiveriorclerolic heart old	20010.
(This does not meon the mo			
heart failure, asthenia, etc. It is			
ANTECEDENT CA	AUSES (B)	***************************************	
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UNDERLYING CONDITION IO	ost,	W. (auda) co	mu I
OTHER RICHIELCANT CONCITION			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	ONS CONTRIBUTING		
DISEASE OR CONDITION CAU	SING IT.		
	B. CONDITION FOR WHICH OPERATION AS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YE	ES, WERE FINOINGS CONSIDERED FYING CAUSES OF DEATH?
		yes	
2		le.g., in or obout 21 C. WHERE OIO (If i	in Boltimore City, give exact lacation)
2	home, form, foctory, stre	et, office bldg., INJURY OCCUR?	
	of home, form, foctory, stre	eet, office bldg., INJURY OCCUR?	
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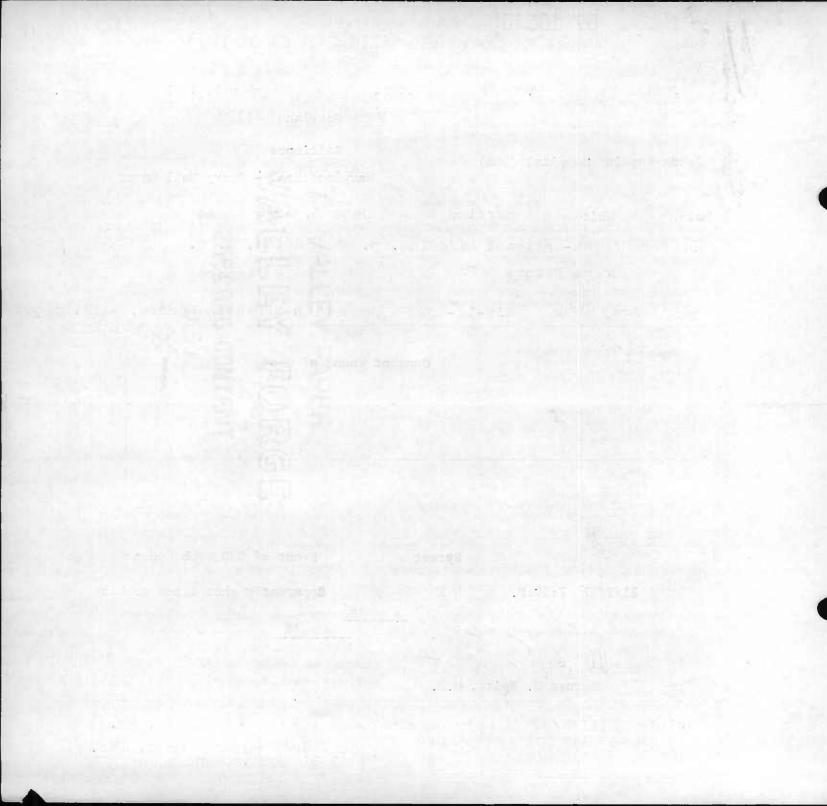
busines S. Kupernent Union Hemours Heap But 265. F W MARKED Housewife George SHOCK

69 0/4/5 3/L ONWARD REBECCA PARKS

MARYLAND

Ly therewille

VS 151-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

10-6/0 6/ 1115/11	CATE OF DEATH Registered No. 67 10541
M.E. CASE NO.	CATE OF DEATH
(Type or Print) MARY HELEN BRUFF	2. Date and hour of Death Nov. 2, 1967 5:25 a.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing STATE B. COUNTY
FULL NAME OF (If not in hospital ar institution, give street	Md., 21213
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
House in the Pines	Baltimore 26-0
90 Belair ?Road	D. STREET ADDRESS (If rural, give location)
	3431 Ramona Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specil widowed)	11/10/84 82
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife at home	Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Bitters	Hester Farr
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, na arunknown) (If yes, give war ar dates of service) SECURITY NO. 220-48-189	Margaret Wesselring deht show
	Margaret Kesselring, dght, above
/3 3 /	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carrier of gall Harde 140
(This does not mean the mode of dying, e.g., DUE T	Carcinomo of gall bloode 1 yr generalized metastana le mo-
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	generalized metastain le mo-
DISEASES OR CONDITIONS, if ony, giving	
rise to the above couse (A) stating the (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	RI .
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	_
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 B. PLACE OF INJURY home, farm, foctory, streetc.)	(e.g., in or obout 21 C. WHERE DID eet, office bldg., INJURY OCCUR?
21D. TIME (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
	t While Work
22. I certify that (I) (this haspital) ottended the deceased from	
	30 19 67 and that in(my) (aur) apinion death accurred on the
and hour ond from the causes stoted above. (I) (We) (did) (did i	nat) view the bady after death.
and M.D.	Attending the Med Stoff
Marcuel Moores	Phys. Director Phys. 11-3-67
23C. PAYRICIANS NAME (Type) Dr. J. Duer Moores	M.D. 23D. Address M.D. 2201xxxxxxxx 3105 Belair Road
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	or CREMATORY 24D. LOCATION (City, town, or county) (Stat
Burial 11/4/67 Parkwood Ce	emetery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 3331 Brehms Lane
VS 150-REV. 1/1/65	3331 Brehms Lane

27 3.7 Therm Murrer

MPORTAN ALAMINO FUNERAL DIRECTOR:

2. DATE AND HOUR/OF DEATH USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
STATE
B. COUNTY BALTIMORECO 21220 C. CITY OR TOWN (If outside city limits, write RURAL and give township) 60, SBEWOOK DRIVE If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Anthony J. Arrigo, husband, above INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (por)opinion death occurred on the date 23 B. DATE SIGNED HOPKINS HOSPITAL D.O.A. shows: (1) eceased decease Burial 11/6/67 Baltimore National Cem Baltimore, Md. W as Schimunek Funeral Home, Inc. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 3331 Brehms Lane VS 150-REV. 1/1/65

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	IAME OF DECEASED				TE OF DEATH	AND HOUR OF DEAT	н \
	pe or Print)	WARD	CATN			ovember 3,	
3. P	PLACE OF DEATH IN BALT				4. USUAL RESIDENCE (WA. STATE B. CO.	here deceased lived. If	institution: residence before admiss
H		t in hospitol o	or institution,	give street	Maryland	outside city timits, write	RURAL ond give to (nship)
	Johns Hopkin	S HOS	nital		Baltimore		2.0
ľ	.3,3		PICAL		D. STREET ADDRESS x 227 Herri	(If rural, give location)	
5. S	SEX 6. RACE			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	tf Under 1 Yr. , If Under 24
	Male White	2	Marri	o, DIVORCED (specify)	5/16/94	last birthdoy)	Months Doys Hours Mi
done	. USUAL OCCUPATION (Giv e during most of working life, ev	re kind of work ven if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
K	Shipyard wor		Ship	building	Maryland		United States
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	
F	Frank Cain				Della Katie		
15. Y	Was Deceased Ever in U. S s, no or unknown) (If yes, give	Armed Fore	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			526-18-1012	Mrs. Frances	Cain 227 F	erring Court
	18. 2. 3 X I				OF DEATH	oosta Eci	INTERVAL BETWEEN
	DISEASE OR CON		ECTLY				ONSET AND DEATH
	LEADING 1			(A) Bro	nchopneumoni	La	two weeks
	heort foilure, osthenio, et injury or complication wh ANTECEDEN DISEASES OR CONDIT	T CAUSES	deolh.)	(B)	Acute Bromide	Intoxica	tion four week
	injury or complication wh	nich coused IT CAUSES (IONS, if couse (A) ON lost,	deoth.) ony, giving stoting the	(B)			
ATION	Injury or complication when ANTECEDEN DISEASES OR CONDIT rise to the above of UNDERLYING CONDITION	TIONS, if a couse (A) DN lost, IIONS, IIONS, IIONS (A) DN lost, IIONS (C) NOT RELA	ony, giving stoting the	(B) DUE TO (C)			
RTIFICATION	INJURY OF COMPLICATION WHEN ANTECEDEN DISEASES OR CONDITIONS OF CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE OF COND	IT CAUSES IONS, if couse (A) DN lost. NOT RELA CAUSING IT 198. CONI	ony, giving stoting the ONTRIBUTING TED TO THE	(B) DUE TO (C)		Nol 208. IF YES, WER	e findings considered Ausses of Death?
AL CERTIFICATION	INJURY OF COMPLICATION WE ANTECEDEN DISEASES OR CONDITION TISE to the obove of UNDERLYING CONDITION OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION	TICAUSES IONS, if couse (A) ON lost. NOT RELA CAUSING II 198. CONI WAS PERF DERLYING II USE OF	ony, giving stoting the ONTRIBUTING TED TO THE TOTION FOR VIOLEMED	(B) DUE TO (C) (C) G WHICH OPERATION PLACE OF INJURY (e.g., in form, factory, street, o	Chronic brain 20A. AUTOPSY? (Yes or	No) 208. IF YES, WER IN CERTIFYING C	e findings considered
ICAL CERTIFICATION	INJURY OF COMPILICATION WHEN ANTECEDEN DISEASES OR CONDITIONS TO THE SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNIOR CONTRIBUTING CANDEATH (notify medicol exoruptions) Contributing (Month) (E)	TICAUSES IONS, if couse (A) ON lost. NOT RELA CAUSING II 198. CONI WAS PERF DERLYING II USE OF	ONTRIBUTING TED TO THE T. DITION FOR V ORMED (Hour) 21E,	(B) DUE TO A (C) G (E) WHICH OPERATION PLACE OF INJURY (e.g., ine, form, factory, street, one) INJURY OCCURRED	20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID iffice bldg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING C	e findings considered auses of death?
ICAL CERTIFICATION	INJURY OF COMPLICATION WHEN ANTECEDEN DISEASES OR CONDITIONS TO THE DEATH BUT DISEASE OF CONDITION TO THE DEATH BUT DISEASE OF CONDITION TO A DATE OF OPERATION TO CONTRIBUTING CALL CONTRIBUTION CALL CALL CALL CALL CALL CALL CALL CAL	IT CAUSES IT CAUSES IT CAUSES IT CAUSE (A) IT CAUSE (A) IT CAUSE (A) IT CAUSE (A) IT CAUSING IT IT SECON WAS PERF USE OF miner) Only) (Year)	ony, giving stoting the ONTRIBUTING TED TO TH T. DITION FOR V FORMED 218. hom etc. (Hour) 21E. Whi	G FLACE OF INJURY (e.g., in the form, factory, street, on the form) INJURY OCCURRED INJURY OCCURRED IN Not Whith the first work	20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID inffice bidg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING C	e findings considered Auses of Death? No
MEDICAL CERTIFICATION	INJURY OF COMPLICATION WHEN ANTECEDEN DISEASES OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION OR CONTRIBUTING CAIDEATH (notify medical examples) CAID. TIME (Month) (EQUIPMENT)	IT CAUSES (IONS, if couse (A) ON lost. NOT RELA CAUSING IT 19B. CONI WAS PERF USE OF miner) Ody) (Yeor)	ony, giving stoting the ONTRIBUTING TED TO THE T. DITION FOR V ORMED 218. hometc. (Hour) 218. Whiwo	GE WHICH OPERATION PLACE OF INJURY (e.g., in the form, factory, street, on the form) INJURY OCCURRED INJURY OCCURRED IN At Wark At Wark The deceased from	20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING C	e findings considered Auses of Death? No Dire City, give exact location)
MEDICAL CERTIFICATION	Injury or complication whe ANTECEDEN DISEASES OR CONDITION The significant contour to the obove of the obov	IT CAUSES IT PB. CONIT IT PB. CONIT UNSE OF IT CAUSES IT PB. CONIT IT PB. CONIT	ONTRIBUTING TED TO TH T. DITION FOR V ORMED 218, hometc. (Hour) 21E, Whive White the second of the	G G E WHICH OPERATION PLACE OF INJURY (e.g., ine, form, factory, street, one) INJURY OCCURRED ille A1	20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID Iffice bidg., INJURY OCCUR? 21F. HOW DID I	No 208. IF YES, WER IN CERTIFYING COUR? NJURY OCCUR?	e findings considered Auses of Death? No Dire City, give exact locohon)
MEDICAL CERTIFICATION	Injury or complication whe ANTECEDEN DISEASES OR CONDITION The second of the obove of UNDERLYING CONDITION OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNION CONTRIBUTING CANDREST OR CONTRIBUTING CANDREST (Month) (ED) 21D. TIME (Month) (ED) 21D. TIME (Month) (ED) 21D. TIME (Month) (ED) 121. TIME (Month) (ED) 122. I certify that (I) (this that (I) (we) lost saw that (I) (we) lost saw that (II) (we) lost saw that (III) (we) lost saw that (II	IT CAUSES IT PB. CONIT IT PB. CONIT UNSE OF IT CAUSES IT PB. CONIT IT PB. CONIT	ONTRIBUTING TED TO TH T. DITION FOR V ORMED 218, hometc. (Hour) 21E, Whive White the second of the	G G E WHICH OPERATION PLACE OF INJURY (e.g., ine, form, factory, street, one) INJURY OCCURRED ille A1	20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No 208. IF YES, WER IN CERTIFYING COUR? NJURY OCCUR?	e findings considered Auses of Death? No Dire City, give exact location)
MEDICAL CERTIFICATION	Injury or complication whe ANTECEDEN DISEASES OR CONDITION The significant contour to the obove of the obov	IT CAUSES IT PB. CONIT IT PB. CONIT UNSE OF IT CAUSES IT PB. CONIT IT PB. CONIT	ONTRIBUTING TED TO TH T. DITION FOR V ORMED 218, hometc. (Hour) 21E, Whive White the second of the	GE WHICH OPERATION PLACE OF INJURY (e.g., or	20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID iffice bidg., INJURY OCCUR? 21F. HOW DID I	No) 208. IF YES, WER IN CERTIFYING COUR? 19 6.7 to NO. that in (my) (aur) a	e findings considered Auses of Death? No ore City, give exact location) Vember 3, 19.67 pinion death occurred an the
MEDICAL CERTIFICATION	Injury or complication whe ANTECEDEN DISEASES OR CONDITION The second of the obove of UNDERLYING CONDITION OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNION CONTRIBUTING CANDREST OR CONTRIBUTING CANDREST (Month) (ED) 21D. TIME (Month) (ED) 21D. TIME (Month) (ED) 21D. TIME (Month) (ED) 121. TIME (Month) (ED) 122. I certify that (I) (this that (I) (we) lost saw that (I) (we) lost saw that (II) (we) lost saw that (III) (we) lost saw that (II	IT CAUSES IT PB. CONIT IT PB. CONIT UNSE OF IT CAUSES IT PB. CONIT IT PB. CONIT	ONTRIBUTING TED TO TH T. DITION FOR V ORMED 218, hometc. (Hour) 21E, Whive White the second of the	GE WHICH OPERATION PLACE OF INJURY (e.g., or	20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID Infine bldg., INJURY OCCUR? 21F. HOW DID I	No 208. IF YES, WER IN CERTIFYING COUR? NJURY OCCUR?	e findings considered Auses of Death? No ore City, give exact location) wember 3, 19.67
MEDICAL CERTIFICATION	INJURY OF COMPLICATION ANTECEDEN DISEASES OR CONDITION IT IS TO THE OBOVE OF TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNION CONTRIBUTING CAIDEATH (notify medical example) 21D. TIME (Month) (E. OF INJURY (APPROX.) 22. 1 certify that (1) this that (1) we) lost saw the and haur and from the certification.	IT CAUSES (IONS, if a couse (A) ON lost. NDITIONS COUSE (A) ON T RELA CAUSING IT	ONTRIBUTING TED TO TH T. DITION FOR V ORMED 218, hometc. (Hour) 21E, Whive White the second of the	GE WHICH OPERATION PLACE OF INJURY (e.g., in the form, factory, street, on the form, factory, street, on the first of the deceased from Covember 3 (We) (did) (did) (did not) (M.D. Att. Phy	20A. AUTOPSY? (Yes or Yes in or obout 21C. WHERE DID Iffice bldg., INJURY OCCUR? 21F. HOW DID I	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 67 to NO. (hat in (my)) (aur) a h.	e findings considered Auses of Death? No Dire City, give exact locohon) vember 3, 19.63 pinion deoth occurred an the 238. DATE SIGNED Nov. 3, 1967
MEDICAL CERTIFICATION	INJURY OF COMPLICATION ANTECEDEN DISEASES OR CONDITION IT IS TO THE OBOVE OF TO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNION CONTRIBUTING CAIDEATH (notify medical example) 21D. TIME (Month) (E. OF INJURY (APPROX.) 22. 1 certify that (1) this that (1) we) lost saw the and haur and from the certification.	IT CAUSES (IONS, if couse (A) ON lost. INDITIONS CONTRELA CAUSING II 198. CONI WAS PERF DERLYING USE OF miner) Oay) (Year) is hospital; the decease causes stat	ony, giving stoting the ONTRIBUTING TED TO TH T. ORMED 21B. hom etc. (Hour) 21E. Whive your attended the dalive on ed above. (I	GE WHICH OPERATION PLACE OF INJURY (e.g., in the form, factory, street, on the form, factory, street, on the first of the deceased from Covember 3 (We) (did) (did) (did not) (M.D. Att. Phy	20A. AUTOPSY? (Yes or Yes in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID I le	No) 208. IF YES, WER IN CERTIFYING COUR? 19 67 to NO? that is (my) (aur) a h. Stoff Phys. As Hospita.	e findings considered Auses of Death? No Dire City, give exact location) vember 3, 1967

Lilly & Zeiler Inc.

1901-07 Eastern Ave.

ON MED Burial 11-7-1967 Mt. Carmel
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
NOV 6 1967 Coledo E. Falle ZVS 150-REV. 1/1/65

was D.O.A. at a hospital

7.00

Little S. Letter . John S. C. Ling and P. Steller . .

R-000 BIRTH NO.

67 10544 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 10544

M.E	E. CASE NO.					3		
Type or Print GEORGE ROE				Novembe	r 1, 1967	1 1	L:10 P.	
3. P	PLACE IN BALTIMORE, MA	ARYLAND, WHERE PRONC	UNCED DEAD	I A STATE	ENCE (Where deco	eosed lived, If instit B. COU	NII	e before odmission)
HO	LL NAME OF (IF NO SPITAL OR ADDRE	T IN HOSPITAL OR INSTI- ESS OR LOCATION)	TUTION, GIVE STREET	C. CITY OR TOV		rporote limits, write		
	37 Mercy H	lospital		D. STREET ADD	RESS (If rurol, given	e location)		
5. S		WIDO WED,	D, NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthdoy) 21		fr. If Under 24 Hrs.
IOA don	Male Whi USUAL OCCUPATION (G during most of working life, of	ive kind of work 10B. KIND (even if retired)	OF BUSINESS OR INDUSTRY		State or foreign co		12. CITIZEN C	OUNTRY?
3. 1	FATHER'S NAME	WARD ROE			en L. W			
	was DECEASED EVER IN s, no or unknown) (If yes, giv		16. SOCIAL SECURITY NO. 213-44-8848	Mr. Elbe	HAMER (45	アイボグ*	ADDRESS ROWA	+426 ed 21154
	18.	7.	CAUSE	OF DEATH			MN.	TERVAL BETWEEN
	(This does not meon head failure, asthenia, injury or complication w	NT · CAUSES DITIONS, IF ANY, GIVING CAUSE (A) STATING THE	DUE TO	rebrocran	ial injur	ies		
Z	_	MION LASI.	(C)					
CERTIFICATION	OTHER SIGNIFICANT TO THE DEATH B DISEASE OR CONDITI	II CONDITIONS CONTRIBUT OUT NOT RELATED TO ON CAUSING IT.						
CERT	19A. DATE OF OPERATIO	N 19B, CONDITION FOR WAS PERFORMED		Ye	S	CERTIFYING CAUS	SES OF DEATH	H?
MEDICAL	21 A. EXTERNAY CAUSE UNDERLYING DOR CONTUTING DAUSE OF DEATH (Month) OF INJURY (APPROX.) 10-28	(Doy) (Year) (Hour)	21E. INJURY OCCURRED	St 21F. H	ate Route	543 50' v		
	22.	held an Inquiry		ra.		pasis, death in π	ny apinlan	
		Natural causes	Accident X Suicid	CHIEF M	ide Und REDICAL EXAM REDICAL EXAM	AINER X		DATE SIGNED 2, 1967
RE	A. BURIAL CREMATION, MOVAL (Specify)	23B. DATE New. 4,1967	BEL Air WEMEN		23D. LOC		d Con Ma	myland 21014
	A. DATE REC'D BY HEALT	TH DEPT. 24B. NAM	E OF REGISTRAR					PRESS & Coullings
Ve	NUV 0	1967 Robert	FE, Farber, MA	2036	17 Jan 2 12	1	DEI 1-HIC,	गिमणुक्तिये 2101
V 3	131-KEV. 171703	8 5 610	0100	00		lister		

death.

0

prior

was in regular

death kind;

deceased prior to death); and (6) No physician was in regular attendance on the deceased pi written approval must be obtained before the remains are embalmed or final disposition is made.

; and (6) No physician was in regular attendance

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

at a hospital (except where the physician who pronounced

occurred in a hospital

or contributing cause

examiner.

medical

ō by

was released to the hospital

the body

was D.O.A.

	E-152 67 1054	BALTIMORE CITY	HEALTH DEPARTMEN	Т	(12 10 11
BIRT	H NO. 13 2 07 1034.	CERTIFICA	TE OF DEATH	Registered No.	<u> </u>
	CASE NO.	GERTII TOT			
1. N	AME OF DECEASED		2. DAT	AND HOUR OF DEATH	- 10
(Ту	JOHN W. EVANS (Johney)		11/4/67	1250 A-M.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If OUNTY	institution; residence before admission)
	FULL NAME OF (If not in hospital or institution,	give street	MARYLAND		
	HOSPITAL OR oddress or tocotion)		C. CITY OR TOWN	If outside city limits, write	RURAL and give (ownship)
,	BALT IMORE CITY HOSE	PITALS	BALT IMORE	,,	4-02
	4940 EASTERN AVENUE	3	D. STREET ADDRESS	(If rurol, give location)	
	BALT IMORE, MARYLANI	21224	663 VINE ST	#21201	
5. 5		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
	MALE NEGRO SEPA	RATED	12-6-10	56	
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	1 AR ORFR		VIRGINIA		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	0.022
	ROBERT EVANS		MARY SI	OKES	
15. (Ye:	Was Deceased Ever in U. S. Armed Farces? s,no or unknown)(If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	219-01-7548	RECORDS BCH	4940 EASTERN	AVENUE
	18. 14.5.01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			,	1 ONSEI AND DEATH
	LEADING TO DEATH	S	amous cell	a stone	1 17 months
	(This does not mean the mode of dying, e.g.,	DUE TO	me vers	car 19 100.000	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		and the state of t	,	
	ANTECEDENT CAUSES	(B)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	DISEASES OR CONDITIONS, if any, giving	DOE 10			
	rise to the above cause (A) stating the	(C)		20-01-01-01-00-00-00-00-00-00-00-00-00-00	······································
	UNDERLYING CONDITION last.				
z					
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
4	DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ERT	2		YES		YES
()	21 A. ACCIDENT WAS LINDERLYING 21R	PLACE OF INTILEY (a.a. in	a or about 21 C WHERE DI	D (If in Boltime	co City nive exact lecation)

OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Yeor) (Hour) home, form, foctory, street, office bldg., INJURY OCCUR?

Attending Phys.

21F. HOW DID INJURY OCCUR?

White (APPROX.) Work

Not While At Work hospital) attended the deceased from

21 E. INJURY OCCURRED

and that in (ny) (aur) opinian death accurred on the date

(we) last saw the deceased cayses stated above. (H) ond hour and from the

(We) (did) (did not) view the body after death.

BCH-

238. DATE SIGNED

23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)

M.D.

Med. Director 23D. ADDRESS

Stoff Phys. 21224

24A. BURIAL CREMATION, REMOVAL (Specify) DATE 0

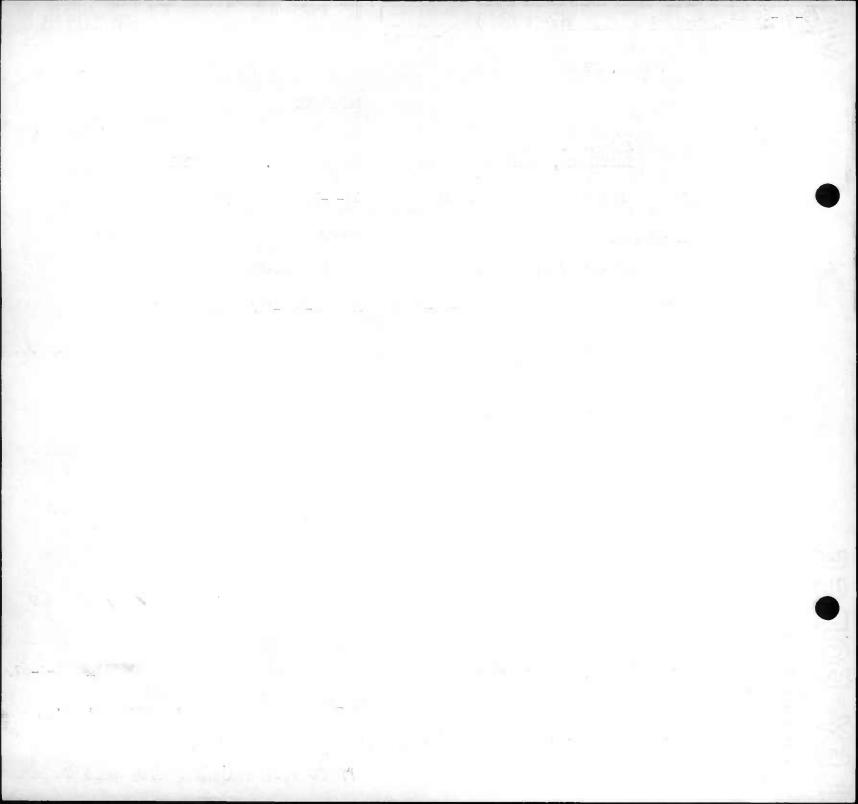
EASTERN AVENUE 24D. LOCATION

ALTIMORE B

HEALTH DE I.

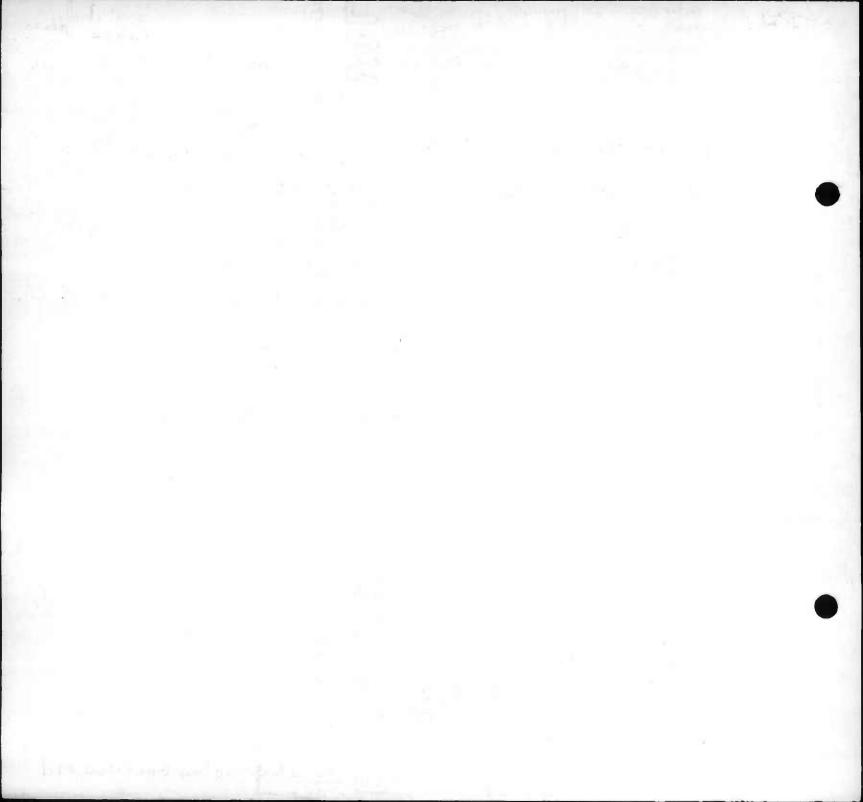
25B. NAME OF REGISTRAR

VS 150-REV. 1/1/65



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	4	hospital by a medical examiner. Also, if the direct of	
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FUNERAL DIRECTOR: IMPORTANT	er	r.	
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110	67 10546 BALTIMORE CITY	HEALTH DEPARTMENT
	CERTIFICA	TE OF DEATH Registered No. 0/ 11546
1	M.E. CASE NO. I NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Type or Print) Simon Klapp	Nov. 1, 1967 7:30 p.m.
3	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Md.
1	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
-	N. Charles Gen. Hospital	D. STREET ADDRESS (If rural, give location)
L		6616 Vincent La.
5	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 11. 30. 93 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	
	done during most of working life, even if retired)	CELUANY WHAT COUNTRY?
1	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
	Bernard	A A
1	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Tr. INFORMANT ADDRESS
((Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	
-	18. CAUSE OF	Robert Koncouff, N. Charles 1691 INTERVAL BETWEEN ONSET AND DEATH
		ONSET AND DEATH
	LEADING TO DEATH	ERIOSCUEROSIS, GENERALZER
	heart failure, asthenia, etc. It means the disease,	
	injury or camplication which coused death,) ANTECEDENT CAUSES (B)	
		EBRAC ARTERIOSCIEROSIS
	rise Ia the obave cause (A) stating the (C)	MILL WALLERS
	II	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
l	DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If in Baltimore City, give exact location)
	DEATH (notify medical examiner)	ince stugg, into the occor.
l	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) White At Not White Work Not White At Work	
	22. I certify that (1) (this haspital) attended the deceased from	0/14/1967 19 10 11/1/ 1967
	that (I) (we) last saw the deceased alive an	19.6and that in(my) (aur) apinian death occurred an the date
	and haur and fram the causes stated above. (1) (We (did) (did not) v	
Į	23A. SIGNATURE N.D. AHE	23B. DATE SIGNED
l	Phy:	s. Director Phys. Nov 1967
	23C. PHYSICIAN'S HAROLD . H. BIX M.D.	The state of the s
1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) Bury S Change Change	CO. Sur Rand Dat mal
1	25A. DATE REC'D BY HEALTH DEPTO 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	1301 Plobert E, Salke, MI	SYLVAN LEWIS & SON GARRISON, Md
1	VS 150-REV. 1/1/65	N. P. S.



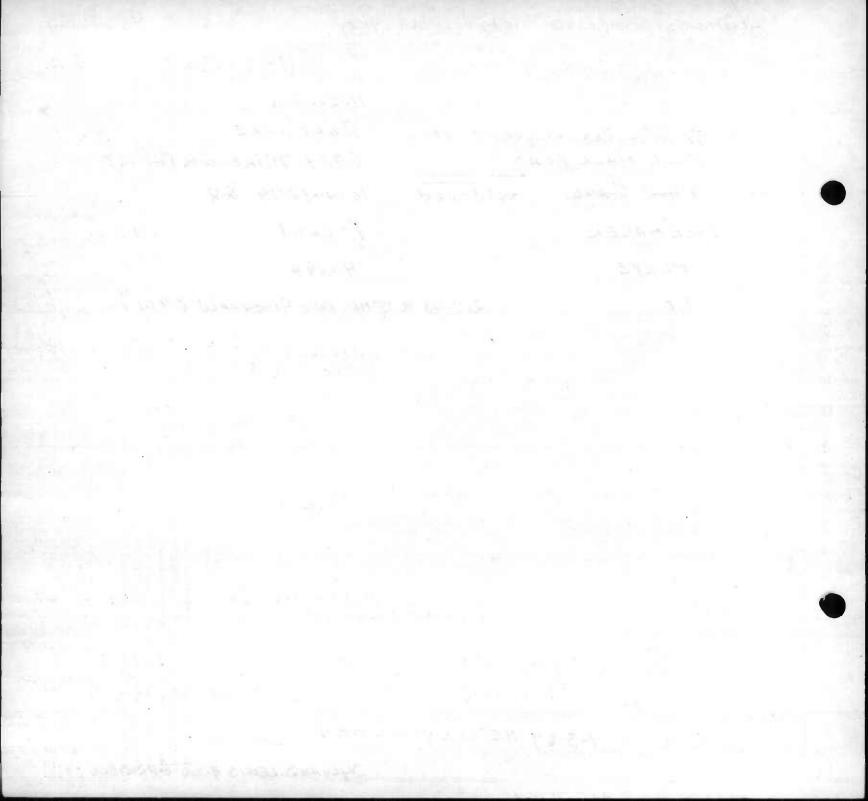
ST.	10547 BALTIMORE CIT	Y HEALTH DEPARTMENT		CM ADEAM
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered Na.	0/ 111547
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	en Hillox	2. DATE AN	HOUR OF DEATH	11/2/62
3. PLACE OF DEATH IN SALTIMORE, M. FULL NAME OF (If not in hospitol HOSPITAL OR oddress or locolic INSHITUTION)	or institution, give street	4. USUAL RESIDENCE (Whe	and	RAL and give two the
2 wait	tospital	D. SHEET ADDRESS (II)	opl, give location)	21-2
5. SEX 6. RACE	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
FW	WIDOWED, DIVORCED (specify)	3/14/03	lost bighdoy!	Months Doys Hours Mi
10A. USUAL OCCUPATION (Give kind of word done during most of working life, even if refired)	108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
15. Wos Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dot	es of service) SECURITY NO.	Husband		Same
18. 4 4 3 XI	CAUSE	OF DEATH	. /	INTERVAL BETWEEN
DISEASE OR CONDITION DE		a land so lo	I AM MARINIA	
(This does not mean the mode a		muco weca	1 party	ange / co
heart failure, osthenia, etc. 11 mean injury ar camplication which cause		1.10.0	/ /	1 1 (
ANTECEDENT CAUSE	(B)	Artercarches	Re CONUMU	sally dull
DISEASES OR CONDITIONS, if	DUE TO			2
rise to the above cause (A)		hopertense	N	•
UNDERLYING CONDITION last.		0		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL	ATED TO THE			
DISEASE OR CONDITION CAUSING 194. DATE OF OPERATION 198. COI	IT.	20A. AUTOPSY? (Yes or No	o) 20B. IF YES, WERE FIR	DINGS CONSIDERED
	RFORMED	70	IN CERTIFYING CAUS	ES OF DEATH?
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year)		21 F. HOW DID INJ	IURY OCCUR?	
(APPROX)	While At Not Wh	ile k	12	4
22. I certify that (1) this hospita	Dattended the deceased fram	10001	1960 10	11/2 196
that (1) (last saw the deceas			nat in (my) (aur apini	an death accurred an the
	ited above ((I) (We (did) (did nat)			
234. SIGNATURE		,		3B. DATE SIGNED
11	M.D. A	ttending Med. Director	Stoff Phys.	11212
23C, PHYSICIAN'S		23D. ADDRESS	. /	11/2/10
ANAME (Type)	E M.D	C/2 MA	a' then	d>()
24A. BURIAL CREMATION, 24B. DATA	24C. NAME OF CEMETERY OF C	REMATORY 24D. L	OCATION Gity.	town, or county) (Sie
REMOVAL (Specily)	67 58 7	. 6	altimore	ma
25A. DATE REC'D BY HEALTH DEPT.				1 4000
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	R	ADDRESS
NOV 6 1967	Robert E, Janey MI	Sylvan S. L	wis & Son, IV	

Cohen, Hirrar 513 5 VA Ward land Baltomore 3326 Clark's have Simon Hospital 3/17/03 64 Contravellate Contract 1 Contract Repurknacos To Scharttogytel

F	1000) N. 2000	5		L,
	curred in a hospital and tributing cause of death	mined cause; (5) Deceased	gular attendance on the sed prior to death. Such	made.
DRTANT	assistant if death oc f the direct or cont	y kind; (4) Undetern	ance on the deceas	r final disposition is 1
ECTOR: IMPO	xaminer or his	A fracture of ar	who pronounce regular attend	are embalmed o
FUNERAL DIRECTOR: IMPORTANT	ved by the chief medical e	nature; (2) Body burns; (3)	d (6) No physician was in	ained before the remains a
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death,	shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a nospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

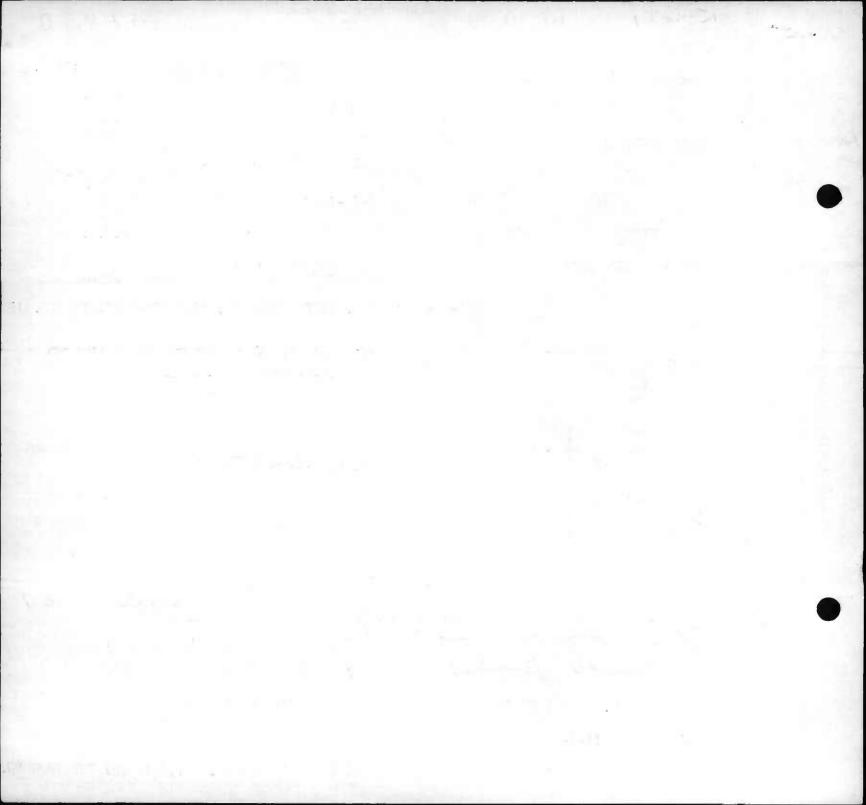
VS 150-REV. 1/1/65

		BALTIMORE CITY H	HEALTH DEPARTMENT	V	CH 10010
4	ME CASE NO. 67 105	48 CERTIFICAT	E OF DEATH	Registered Na.	67 10548
	1. NAME OF DECEASED (Type or Print) OSCAR F	INK	11-3	2-1967	6 A. M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		ution: residence before admission)
	FULL NAME OF (If not in haspital or instituti HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RUR	AL and give township)
1	DJEWISH CONVALECE	ENT HOME	D. STREET ADDRESS (IF IN	urol, give location)	3 3-00
	PALL MALL ROAD		6934 Mi	LBROOK PA	
		WED, DIVORCED (Specify)		ost birthday)	f Under 1 Yr. If Under 24 Hrs. Annths Doys Haurs Min.
	IDA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State at fareig	n country)	2. CITIZEN OF WHAT COUNTRY?
	SHOEMAKER		POLANd		U.S.A.
1	13. FATHER'S NAME	14	4. MOTHER'S MAIDEN NAM	NE.	
	MORTE		HANNA		
	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	7. INFORMANT		MILBROOK.
	No	217-48-8635	MRS. ROSE ROSE	NFELD 6 93	
	1844221	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ont	DEATH Unosclepolice Væscerlor	Corden -	Do a Dopa
	(This does not mean the mode of dying,	a.g., DUI TO	enoscervere	Descent	Jourses per
	heart foilure, osthenia, etc. It means the disectinjury or complication which caused death.)	ose,	Vascerou 1	Julian	
	ANTECEDENT CAUSES	(B)			·••
1	DISEASES OR CONDITIONS, if any, give				
	rise to the obove couse (A) stating UNDERLYING CONDITION last.	the (C)	************************************	••••••••••••••	*************************
i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE	DINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		no	IN CERTIFYING CAUSE	S OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical exemine)	21 B. PLACE OF INJURY (e.g., in hame, form, factory, street, afficetc.)		(If in Boltimore Ci	ity, give exoct locotion)
		21E, INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
	OF INJURY (APPROX.)	While At Work Not While At Work			
	22. I certify that (I) (this hospital) attende		morlentes 1	9/24 to BA 101	ember 2 1967.
	that (I) (we) last saw the deceased alive of		2 19 07 and tha	t in(my) (aur) apinio	n death accurred an the date
	and have and from the causes stated above	». (1) (We) (did) (did nat) vie	w the bady after death.		0.0000000000000000000000000000000000000
	6 - D V -1	WLL M.D. Attend	ding Med.	Stoff 23	B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	Phys.	D. ADDRESS	Phys.	
	NAME (Type) CECIL RUD.	MOR M.D.	6821 Reis	leistoren a	Rosel.
	24A. BURIAL CREMATION, 24B. DATE 24C	C. NAME of CEMETERY OF CREM		CATION (City,	town, ar county) (State)
	BURIAL 11-3-67 H	EBREW YOUNG	MEN BAL	LTIMORE	Md.
	25A. DATE RECIDIBY HEALTH DERT 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	1307 Colse	J E, Jankey A.R	SYLVAN S. LE	W/S & SON 61	ARRISON, Md.



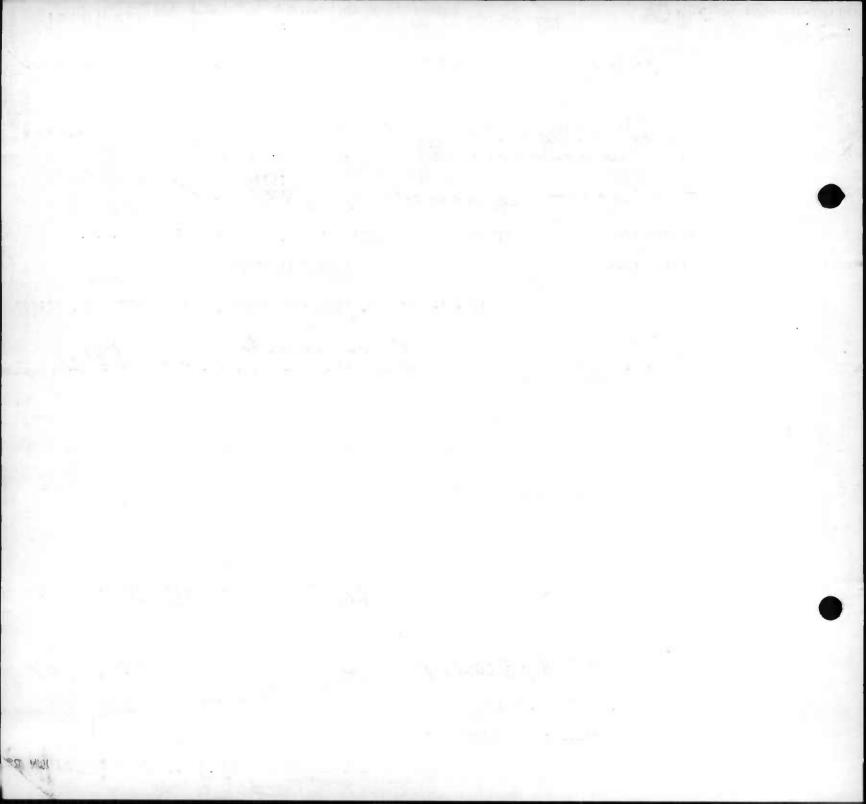
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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NAME OF DECEASED ype or Print)		2. DATE AND HOUR OF DE		
MORRIS KRON		OCTOBER 30, 190	67 3:11 P.	
PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	l. If institution: residence before admissio	
FULL NAME OF (If not in hospital or inst	itution, give street	MARYLAND		
HOSPITAL OR oddress or location) INSTITUTION			write RURAL and give township)	
SINAI HOSPITAL		D. STREET ADDRESS (If rurol, give location)		
42		4165 CRESTHEIGHTS ROAD		
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months; Doys Hours Min.	
MALE WHITE	MARRIED (specify)	lost birthdoy)	Months Doys Hours Min.	
DA. USUAL OCCUPATION (Give kind of work 10 B. K		7-10-1707	12. CITIZEN OF	
RETIRED A	UTO REPAIRS	AUSTRIA	WHAT COUNTRY?	
FATHER'S NAME	UIV NEFMINO	14. MOTHER'S MAIDEN NAME	U.J.M.	
UNKNOWN KRONBERG		RACHEL ?		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS	
es, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.			
NO	213-10-4529	MRS. YETTA KRONBERG, 41		
18.42211726	O A	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Y /	anter of or Cough	12 yrs	
ELADINO IO DEATH				
(This does not meon the mode of dying	g, e.g., (A) DUE TO	1 la de la la Ci		
	1.)	Vascular Disea		
(This does not meon the mode of dying heart failure, asthenia, etc. It means the d	1.)			
(This does not meen the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which coused death	(B) DUE TO	Vaseulan Diska		
(This does not meen the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) states	(B)DUE TO			
(This does not meen the mode of dying heart foilure, asthenia, etc. It means the dinjury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,	(B)			
(This does not meen the mode of dying heart failure, asthenia, etc. It means the dinjury or complication which coused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) static UNDERLYING CONDITION lost.	(B)			
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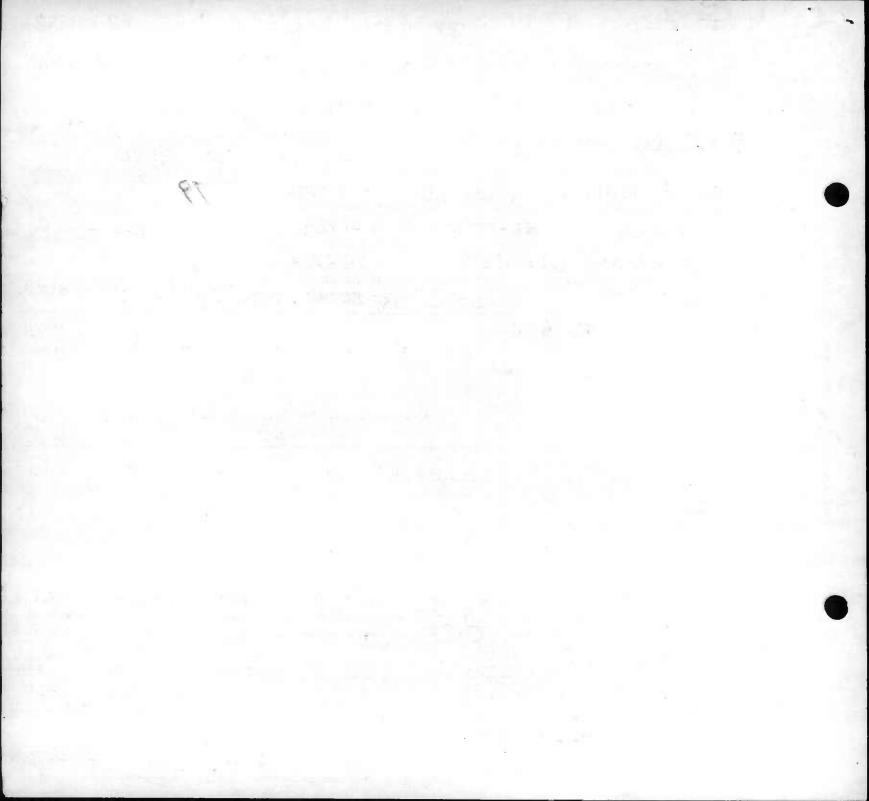
S	or contributing cause of death Indetermined cause; (5) Deceased is in regular attendance on the deceased prior to death. Such	ition is made.
IMPORTANT	Also, if the direct roe of any kind; (4) U onounced death wa attendance on the	Ilmed or final dispos
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be a the body was released t shows: (1) An accident of was D.O.A. at a hospital	written approve

BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 67 10551 CERTIFICATE OF DEATH Registered No. 67 10551
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) (Type or Print) 1. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION BELVEDERE HURSING HOSE LEGISLE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALT MORE
D STREET ADDRESS (If tural, give location)
12525 W BELLEGERE ALE. 6816 BROMPTON ROAD
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED (Specify) 8. DATE OF, BIRTH 7090, AGE (In years WIDOWED, DIVORCED (specify) 3/27 KM St. birthdoy) Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if refired) RHOUSEWIFE AT HOME PHILADELPHIA. PENNSYLVANIA U.S.A.
13. FATHER'S NAME
ELIAS KLING CLARA FELLHEIMER
15. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown (If yes, give wor or dates of service) SECURITY NO. 17. INFORMANT ADDRESS
NO 199-01-9261 MR. ALEXANDER CHASAN, 6816 BROMPTON RD. #2120
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH One of the property of the pro
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healf failule, ostherio, etc. It means the disease,
injuly of complication which caused death,
DUE TO
DISEASES OR CONDITIONS, if any, giving iise to the above cause (A) stating the (C) UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID NJURY OCCUR? etc.) (If in Boltimore City, give exact locohon) OR CONTRIBUTING CAUSE OF CAU
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not While At Work
22. I certify that (I) (this hospital) attended the degeneral from 1967 to 0 3 1965
that (I) (we) lost sow the deceased alive on 000 30 1965 and that in (my) (our) opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did mot) view the body ofter death.
23A. SIGNATURE
Leath College Mad. Attending Med. Director Phys. 10/3//69
23C. PHYSICIAN'S NAME Type
DR. LESTER N. KOLMAN M.D. 3700 PARK HEIGHTS AVENUE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 11-2-67 CHELTEN HILLS CEMETERY PHILADELPHIA, PENNSYLVANIA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
NOV 6 1967 O. D. & Falling \$01 LEVINSON & BROS. INC., 6010 REISTERSTOWN
VS 150-REV. 1/1/65

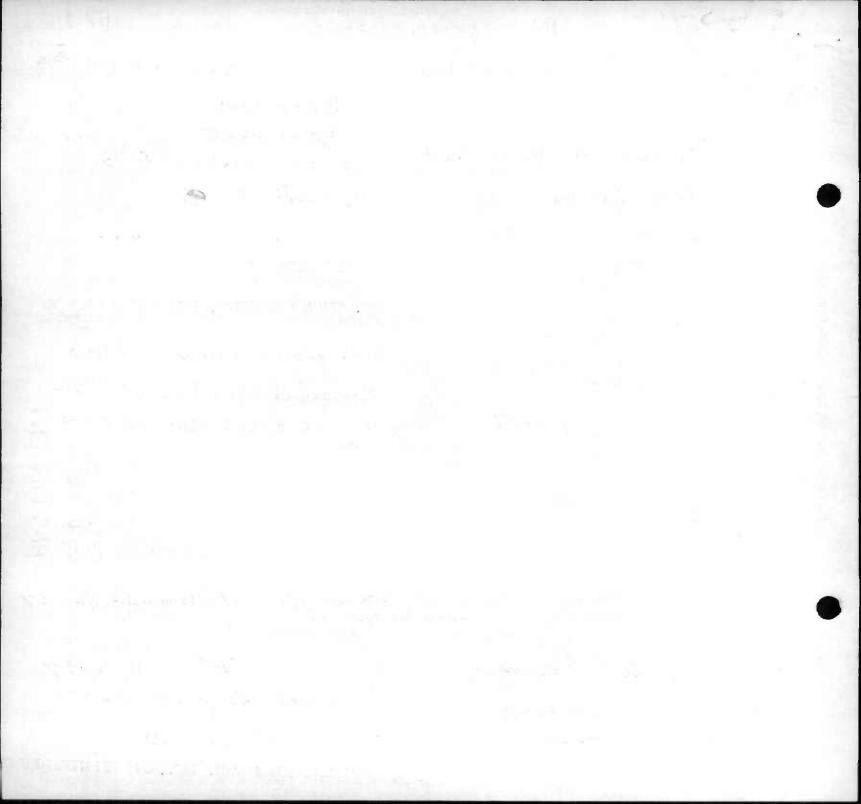


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

	2-1621 07	ANCE	BALTIMORE CITY	HEALTH DEPARTMEN	NT	OW LOWER
BIRT	H NO.	COUL	CERTIFICA	TE OF DEAT	H Registered No	67 10552
1. N	AME OF DECEASED	11 0		2. DA	TE AND HOUR OF DEATH	
	e or Print) ABRAHAM.	H. (LASSER		11.2.67	7-55A.M.
3. F	LACE OF DEATH IN BALTIMORE, MARY	LAND			(Where deceased lived, if institution of the county)	ution: residence before admission)
	ULL NAME OF (If not in hospital or	institution,	give street	MD.		
	OSPITAL OR oddress or location) NSTITUTION		Ι Λ	C. CITY OR TOWN	(If outside city limits, write RUR	AL and give township)
16	1 to a see The	05/27	al	BALIIN	NORE	13-58
P	Lutheran H			2511 CA	HRRISON B	LVD.
5. S	EX 6. RACE 7			B. DATE OF BIRTH	9. AGE (In years	Under 1 Yr. If Under 24 Hrs.
1	VALE WHITE		RRIED.	1-4-X8XX18	188 lost birthdoy) 18	Tours Doy's Hours 14th.
	USUAL OCCUPATION (Give kind of work 1)			11. BIRTHPLACE (Stote	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
don	TAIL-DR:	SELF-E	MPLOYED	LATVIA.		U-S-A.
	FATHERS NAME			14. MOTHER'S MAIDER	NAME	
	NACHMAN GL	22 A.	ER	SARAH.	?	
15.	Was Deceased Ever in U. S. Armed Force	s?	1 6. SOCIAL	17. INFORMANT	25116	ADDRESS DINA
1100	(If yes, give wor or dotes	or service/	212-12-1795	9 SWANNES.	YETTALASSEALT	HRRISON BLYD.
	18. 4 20:11+)/	V	CAUSE OF	DEATH	OL/100BA	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY	11		1	ONSET AND DEATH
	LEADING TO DEATH		(A) NYYO	CARDIAL	INFARCTION	Sudden.
	(This daes nat meon the mode of a heart failure, asthenia, etc. It means to	he disease,	DUE TO			
	injury at complication which caused d	leoth.)				
	ANTECEDENT CAUSES		DUE TO	041	7	1,, 1
	DISEASES OR CONDITIONS, if or rise to the above couse (A) s		Coro	nany Will	renosclerosu	Unknown
	UNDERLYING CONDITION lost.		(0)	<i>J</i>		
-	II .					Α 1
Į į	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT	ED TO TH	E NABETE!	S MEL	LITIIS.	40 - years
CA	DISEASE OR CONDITION CAUSING IT.		WHICH OPERATION	20A. AUTOPSY (Yes		DINGS CONSIDERED
ERTIFI	2/	RMED		10000	IN CERTIFYING CAUSE	S OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE D	OID (If in Boltimore C	ity, give exact location)
A.	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.	ne, form, factory, street, of	nce blag., INJURT OCC	U K:	
0	21D. TIME (Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
Ž	OF INJURY (APPROX.)		ile At Not While			
	22	Wo		10 - 19	1967 to //-	9 - 1967.
	22. I certify that (I) (this haspital) that (I) (we) last saw the deceased		11-2-	1967		
						n death accurred on the date
	and haur and from the causes state	d abave. (I) (We) ((did)) (did nat) v	iew the bady after de		B. DATE SIGNED
	7	1/01	M.D. Atte	nding Med.	Stoff	a, DAIL SIGNED
	23 C. PHYSICIAN'S	, ven	Phys		Phys.	
	NAME (Type) ZAKAUD D	IN VI	ERA . M.D.	Luther	van Hospital	, Baltimore
244	BURIAL CREMATION, 24B. DATE	24C. N	AME of CEMETERY or CRE	MATORY	24D. LOCATION (City,	town, or county) (Stote)
	BURIAL 11-3-67	CH	IZUK AMUNO		BALTIMORE, MARYL	AND
25A			OF REGISTRAR	25C. FUNERAL DIR		ADDRESS
	MON 0 13P/ (15	abert :	E. Jankey MA	SOL LEVINSO	N & BROS. INC., 60	10 REISTERSTOWN RI
1/5	150 BEV 1/1/45	-				



5-11 =		HEALTH DEPARTMENT		07 40550
	3553CERTIFICA	TE OF DEATH	Registered Na	67 10553
Type or Print) FREdd Sc	hapiro	2. DATE AN	12/67 12	:00 AM M
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived, if institu	ution: residence before admission)
FULL NAME OF (If not in hospital or institution address or tacation) INSTITUTION	on, grve street	Mak x la	side city limits, write RUR	AL and give township)
42. Ilas n	h h 11		OKE	Tion A
sinal Hospiv	+ Balt.	3335 C	larks La-	# 15
FEMALE Cancasian WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)	11/4/90%K	76	f Under 1 Yr. If Under 24 Hrs. Annths Days Haurs Min.
6A, USUAL OCCUPATION (Give kind of work 10 B. KIND lane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign	gn country)	2. CITIZEN OF WHAT COUNTRY?
	HOME	BALTIMORE, MA		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
NATHAN ROSEN		ELIZABETH	?	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no or unknown) (If yes, give war ar dates of service	e) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO.		MR. STANLEY SCHA	APIRO, 3218 H	
1B. 4 2 0 1 1	CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		toute pulmonary	odona	1 dax
(This does not meon the mode of dying, e heort foilure, osthenio, etc. It meons the diseo		touce pulmonary	Colemas	
injury or complication which coused death.)		10	Acres Lare	1 1 2 4
ANTECEDENT CAUSES	(B)	Myocardial:	Farction	J U W Y
DISEASES OR CONDITIONS, if ony, giv	ing	extensive Asc	IND EANS	3 Years
UNDERLYING CONDITION lost.		eace		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINI IN CERTIFYING CAUSE	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)		(If in Baltimare Ci	ity, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
<pre>(APPROX)</pre>	While At Not While At Work	•		
22. I certify that (I) (this haspital) attende	d the deceased from 12	100 noon 11/1 1	9 67 to 12 106	inidat, 11/2 19 67.
that (I) (we) last saw the deceased alive o	in 12:00 midut.	11/2 19 67 and the	ıt in(my) (aur) apinla	n death accurred an the date
and haur and fram the causes stated above	. (I) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	AA D A HO	ending Med.		B. DATE SIGNED
Mastin S. Illermes	Phy	s, Director	Staff Phys.	11/2/67
23C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS	Hosk of	Balt.
4A. BURIAL CREMATION, 124B. DATE 124C	NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City,	lawn, ar county) (State)
REMOVAL (Specify)	BREW FRIENDSHIP		TIMORE, MARYL	
	of REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 010 REISTERSTOWN F
\$ 150-REV. 1/1/65		And Peravisoria a		



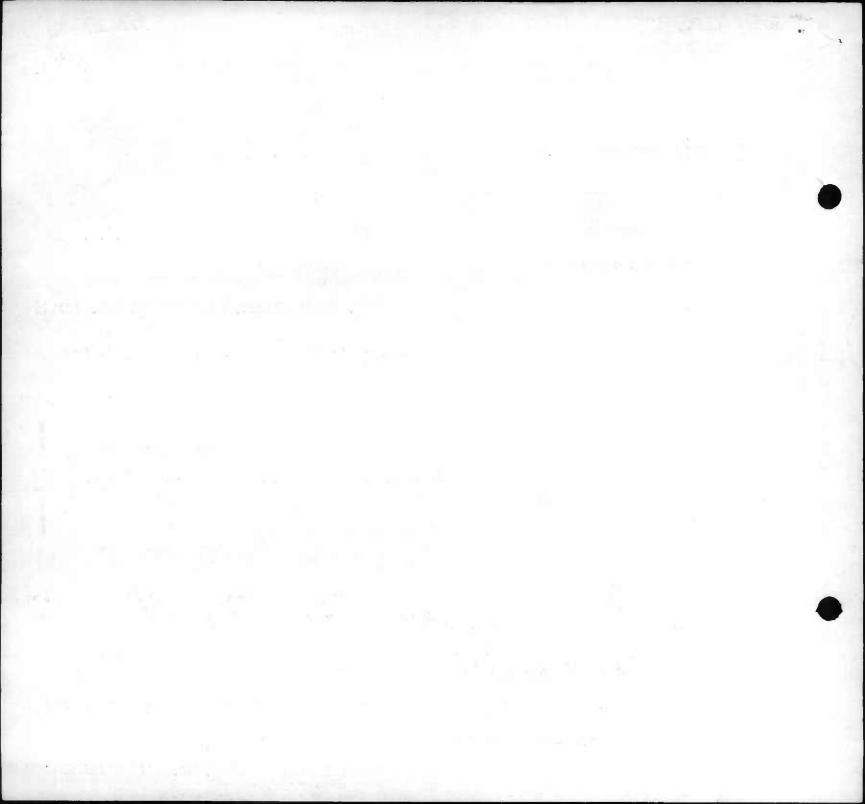
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4	077	BALTIMORE CIT		67 1055
BIRTH	CASE NO.	0554 CERTIFICA	ATE OF DEATH Registered N	0. 05 1000
1.NA	ME OF DECEASED	,	2, DATE AND HOUR OF DEA	TH , 50
	JAUI J-	tein	November!	11967 4
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAN	Б	4. USUAL RESIDENCE (Where deceased lived. I A. STATE B. COUNTY	Pinsplutian: residence before admy
	JLL NAME OF (If not in haspital or insti-	tution, give street	Md.	Ballero
	STITUTION			te RURAL and give township)
3	7 1		D. STREET ADDRESS (If rurol, give logotion)	2200
	Mercy Hos	5p;+p1	123 KAHN DR	
5. SE		DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Manths Days Haurs M
	USUAL OCCUPATION (Give kind of work 10 8. KI	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done	during most of working life, even if retired) Ref. Le USUPERVISOR	SHOE HANLIFACTURE	Resid	WHAT COUNTRY?
13. F/	ATHERS NAME	Carot Patrici No Jake	14. MOTHER'S MAIDEN NAME	u.o.i.t
	JAROB Stein		Goldie Mo	1d fs K:
15. W	as Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes,	no or unknawn) (If yes, give wor or dates at se	SECURITY NO.		DRIVE #21208
1	NO B.	CAUSE	MRS. RUTH STEIN, 723 KAHN	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH		androhespera for tall	1 -20
	This daes not mean the made of dying,			
	heart failure, asthenia, etc. It means the di injury or camplication which coused death.		6	10
	ANTECEDENT CAUSES	(B)	hema severe degree	wender
		DUE TO	To Pulmo endoust, a on	a MI
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating		delica (1	
	UNDERLYING CONDITION last.	······································	alabora con Tome	
7	ll			
151	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO	BUTING TO THE		
4	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A, AUTOPSY? (Yes or Noil 20R IF VEC WE	RE FINDINGS CONSIDERED
RTIFIC	WAS PERFORME		20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	CAUSES OF DEATH?
0 2	DR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Batin office bldg., INJURY OCCUR?	nare City, give exact lacation)
	DEATH (notify medical exominer)	etc.)	S. S	
0 2	PID-TIME (Manth) (Day) (Year) (Hau	1) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
> I	APPROX.)	While At Nat Wh		
				7-1-67-19
2	22			
	22. I certify that (I) (this haspital) attended		10-27-67 19 to 1	
t	hat (1) (we) last sow the deceased aliv	e an 11-1-67	19and that in(my) (aur)	
t	hat (I) (we) last sow the deceased alivered hat hour end from the causes stated about	e an 11-1-67	19and that in(my) (aur)	apinion death accurred an the
t	hat (1) (we) last sow the deceased aliv	e an 11-1-67 ave. (1) (We) (did) (did not)	19 and that in (my) (aur) view the body after death.	
2	and how end from the causes stated about 3A. SIGNATURE	ave. (I) (We) (did) (did not)	19and that in(my) (aur)	apinion death accurred an the
2	and how end from the causes stated about 3A. SIGNATURE	ave. (I) (We) (did) (did not)	view the body after death. tending Med. Staff Phys. X 23D. ADDRESS	apinion death accurred an the
2	hat (I) (we) last sow the deceased alivered hat hour end from the causes stated about	ave. (I) (We) (did) (did not)	view the body after death. tending Med Staff Phys. \(\sqrt{N} \)	apinion death accurred an the
2	hat (1) (we) last sow the deceased alivered hat (1) (we) last sow the deceased hat (1) (we) last sow the de	ave. (1) (We) (did) (did not) M.D. At	view the body after death. tendingMedStaffStaff	238. DATE SIGNED
2 2 2 24A.	hat (I) (we) last sow the deceased alivered hat (I) (I) (we) last sow the deceased alivered hat (I) (we) last sow the deceased hat (I) (we) last sow the decease	MANALD M.D. 24C, NAME of CEMETERY of CI	view the body after death. tending Med Staff Phys.	23B. DATE SIGNED 23B. DATE SIGNED (City, tawn, ar county) (State
2 2 24A.	hat (1) (we) last sow the deceased aliver and hour and from the causes stated about 3A. SIGNATURE CHARLES BAYAUI L. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) URIAL 11-2-67	an 11-1-67 ave. (1) (We) (did) (did not) And M.D. At Ph MANALO M.D.	view the body after death. tendingMedStaffPhys. \ \begin{align*} 23D. ADDRESS	23B. DATE SIGNED 23B. DATE SIGNED (City, tawn, ar county) (State
2 2 24A. B	hat (1) (we) last sow the deceased aliver and hour and from the causes stated about 3A. SIGNATURE CHARLES BAYAUI L. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) URIAL 11-2-67	MANALD M.D. 24C. NAME OF REGISTRAR	and that in (my) (aur) view the body after death. tending Med. Director Phys. 23D. ADDRESS MERCY Horpfal PARK PARK PARK 24D. LOCATION PARK PARK 24D. LOCATION PARK PARK 25C. FUNERAL DIRECTOR	23B. DATE SIGNED 23B. DATE SIGNED (City, town, or county) (Steen MARYLAND ADDRESS
24A. B	hat (1) (we) last sow the deceased aliver and hour and from the causes stated about 3A. SIGNATURE CHARLES BAYAUI L. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) URIAL 11-2-67	MANALD M.D. 24C. NAME OF CEMETERY OF CI	and that in (my) (aur) view the body after death. tending Med. Director Phys. 23D. ADDRESS MERCY Horpfal EMATORY PARK RANDALLSTOWN,	23B. DATE SIGNED 23B. DATE SIGNED CRO - HD 2/2 (City, town, or county) MARYLAND ADDRESS

Burnet Ba Mesey Hospital 128 Kasa De 21214 College in the m W marked Refer huss a Jacob Str. W Golde Mold SEK. The state of the s

approved by the chief medical examiner or his assistant if death occurred in a hospital and, to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such a obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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K	67 10	BALTIMORE CITY	HEALTH DEPARTMENT	Clay A Day	
BIRT	IH NO.	CERTIFICA	TE OF DEATH Registered N	0. 0/ 111555	
1. N	E CASE NO. IAME OF DECEASED		2. DATE AND HOUR OF DEA	TH , ip/	
	pe or Print) IDA FRIEDMAN		NOVEMBER 1, 1967	6 / A. M.	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed fived. I	f institution: residence before odmission)	
	FULL NAME OF (If not in hospital or instit	ution, give street	MARYLAND		
	NSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
1	MT. SINAI NURSING HOME		BALTIMORE D. STREET ADDRESS (If rurol, give location)		
	4613 PARK HEIGHTS AVENUE		4956 EDGEMERE AVENUE		
5. 9	SEX 6. RACE 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
	MALE WHITE	SINGLE	AUGUST 1894 73		
	USUAL OCCUPATION (Give kind of work 10 B, KII te during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	SEAMSTRESS	SHOP	LATVIA	U.S.A.	
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME		
	ISRAEL FRIEDMAN		HANNAH ?		
15. (Ye	Wos Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	NO		MRS. PEARL KRAMER. 5452 J	ONQUIL AVE. #21215	
	18.204.01		PF DEATH	INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 ,	inghate Levillemia	1/244	
	(This does not meon the mode of dying,	e.g., DUE TO	The secreman	J	
	heort foilure, osthenia, etc. 11 meons the di- injury ar complication which coused death.)		V		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony,	giving			
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	Ine (C)			
	II		1		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB	O THE DIVENTE	der Tre Heart Dist	- 1 /4	
CA	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WE	RE FINDINGS CONSIDERED	
ERTIFIC	WAS PERFORMED		MO IN CERTIFYING	CAUSES OF DEATH?	
O	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i		more City, give exact locations	
CAL	DEATH (notify medical examiner)	etc.)			
MEDI	21D. TIME (Month) (Doy) (Year) (Hour OF INJURY		21F. HOW DID INJURY OCCUR?		
~	(APPROX.)	White At Work Not Whi		,	
	22. I certify that (1) (this hospital) atten	ded the deceased fram	Jan 1960 10	11/1 19.62.	
	that (1) (we) last saw the deceased alive	e an	19 9 and that is (my) (aur)	apinian death accurred an the date	
	and haur and from the causes stated abo	ever (I) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNATURE	M.D. AH	ending Med. Stoff	238. DATE SIGNED	
	Cou Cha	Phy	ys. Director Phys.	11/1/67	
	23C.PHYSICIAN'S NAME (Type)	T1 44.D	23D. ADDRESS	-21 11/2 15	
244	DR. LEON KASS	EL M.D.	EMATORY 124D. LOCATION	(City, town, or county) (Stotel	
-7	REMOVAL (Specify)				
254	BURIAL 11-2-67 A. DATE REC'D BY, HEALTH DEPT. 25B. N	SHAAREI ZION	BALTIMORE, MA	ADDRESS ADDRESS	
	NUV 6 1967 (2.0	out E. Fallenna	SOL LEVINSON & BROS. INC		
VS	150-REV. 1/1/65	7 -7 -7	pos servinos a bitos inc	10010 1000101010101	



67 10550 BALTIMORE CITY HEALTH DEPART	TMENT 67 10556
BIRTH NO. M.E. CASE NO. 6.7 10556 CERTIFICATE OF DE	
Type or Print JOHNSON, RAYMOND	11-3-67 8:30 Rm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDE	NCE (Where deceased lived. If institution: residence before admission) B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOW	TIMBR MARYLAND N (If outside city limits, write RURAL and give joyniship)
BGFRANKLIN SQUARE HOSPITAL D. STREET ADDR	ACTIMORE 10-06
1314	ESS (If rurol, give locotion) EDMONSON AVE.
5. SEX 6. RACE NEGRO 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9/19/9	9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
I done Ruine most of working life, even if retired)	e TH TOWN N. C. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	AIDEN NAME
GNKNOWN GNK.	ronn
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	ADDRESS
ND 248-07-4674 FRONKE	LIN, SQUARE, HOSPITAL
DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (A) CEREBRO VEX	seular age dent (!)
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	(2)
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	0
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY: WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WH	(Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WH home, form, factory, street, office bldg., INJURY (etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HONO OF INJURY	W DID INJURY OCCUR?
Work Al Work	29.62 1/21/19/19 3.67
22. I certify that (I) (this haspital) attended the deceased fram 1000000000000000000000000000000000000	27 190 Tto NOVESTBELL 3 19 07.
	and that in(my) (au) apinian death accurred an the date
and haur and from the causes stated above (1) (We) (did) (did not) view the bady oft	23B, DATE SIGNED
Bullen V. Luna M.D. Attending Me Phys. Dir	
23C. PHYSICIAN'S NAME (Type) A.D. FRANCE M.D. FRANCE M	UKLIN SQUARE HECDION
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY	24D. LOÇATION (City, lown, or county) (Stole)
REMOVAL (Specify) 11/2/62 Bei DON Reaved	FlighsetHTOWN N.C
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL	
NUV 6 1961 Robert E. tarkenta Mans	are Petago 638 h Gelmon It
VS 150-REV. 1/1/65	= ()

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67 10557 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	71120				0		
I. NAME OF DE	CEASED		-3 11-12-12		2. DATE AN	D HOUR PRONOUNCED DEA	\D
(Type or Print)	MILLIE RAMSA	Y			Oct	ober 29, 1967	1 5.45 -
	TIMORE, MARYLAND, W		NCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If institution:	residence belare admission)
				A. STATE	Maryla	and 8. COUNTY	
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TO		e corporate limits, write RURAI	L ond give township)
INSTITUTION							16-12
46.						Baltimore	1000
Luth	neran Hospita	I		D. STREET ADD	KESS (If rurol,	give location)	
				608 N.	Gilmor		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	Н		nder 1 Yr. If Under 24 Hrs. hs, Days, Hours, Min.
Female	Colored	0 8.71	ARATED			45?	
	UPATION (Give kind of wor	LIOS KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stole or foreig	n country) 12. Cl	TIZEN OF
done during most of	working life, even if retired)			net A	RU	m n	HAT COUNTRY?
3. FATHER'S NA	ISE WIFE	1		14. MOTHER'S M	ALDEN NAAA	0	
-	men	1-0	WDON	mai	, , E	Hommon	v D
1500	NAIL	- /		11/46	6	, ~	
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	/	ADDR	
AM	, 44, 9, 10	0. 00111001		1.111.	711/	Duncass /3	Gar Gremon
118.	5/0		CALLE	OF DEATH	U	7 000	INTERVAL BETWEEN
- 4	96171		CAUSE	OF DEATH			ONSET AND DEATH
DISEA	SE OR CONDITION DE	RECTLY					
(This door	LEADING TO DEATH			ge Subdur	al hema	itoma, right	
heort failure	not meen the mode of e, asthenia, etc. It meens emplication which coused	the discose.	DUE TO				
Injuly of Co	implication which coused	deom./					
	ANTECEDENT CAUSE	S					
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO				
	HE ABOVE CAUSE (A) S	TATING THE					
Z			(C)				
¥	11		450000				
OTHER SIC	SNIFICANT CONDITIONS						
DISEASE C	DEATH BUT NOT RE		1E			*	
OTHER SIGNATE OF THE DISEASE OF THE	F OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20 B. IF YES, WERE FINDINGS	
0 0	WAS PER	FORMED			YES	IN CERTIFYING CAUSES OF	DEATH?
ZIA. EXTERNA	L CAUSE WAS	21B, F	LACE OF INJURY (e.g.,	in ar obout 21 C. V			
	MOR CONTRIB- USE OF DEATH.	home,	form, foctory, street, o	office bldg., INJUR	OCCUR?	(If in Baltimare City, give exoc	
# CX	JE OF DEATH.	0.007	Unknown	_	Unkne	own	
21 D TIME OF INJURY	(Month) (Day) (Yea	ir) (Hour) 21	E. INJURY OCCURRED	21 F. H	ILNI DID WO	RY OCCUR?	
(APPROX.)	IInlen o	w	HILE AT NOT	WHILE ORK	IT I		
22.	Unknown	m. W	ORK AT W	ORK L	Unknow	1	
	rtify that I held an	nquiry	Inspection Aut	apsy X on	d that on th	is basis, death in my opin	nion
resu	Ited from: Natural co	uses A	ccident X Suicid	e Homici	de 📗 I	Indetermined monner	
	101					AMINER .	
ACTUA	L KI	11	2/6				DATE SIGNED
SIGNAT	TURE CONTO	77.	M.D.	ASSISTANT M			
EXAMI				ASSOCIATE M	EDICAL E		
NAME ((Type) Edt	ward F.	Wilson, M.D.	60004	loom .	Octobe	
23A. BURIAL CRI REMOVAL (Speci		1, 7 230	NAME OF CEMETERY	GREM ATORY	230.	OCATION (City, town,	ar county) (State)
15	20 11/4	16/	mt (a	(nary	1	with mol of	1225
A. DATE REC'E	BY HEALTH DEPT.	248. NAME (OF REGISTRAR	4246, FUNER	AL DIRECTOR	./	ADDRESS
	*****			ph	1)	Sp //	13/11/
	NOV 6 1967	Pholeso	E, Farley M.	Il par	ohan	- Obstages 6	of h Jehner
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BALTIMORE CITY HEALTH DEPARTMENT 10558 Registered No. CERTIFICATE OF DEATH Such death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) HO 0.24 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND of 4. USUAL RESIDENCE (Where deceased lived. If institution: resid attendance A. STATE B. COUNTY cause (If not in hospital or institution, give street address or location) FULL NAME OF MARYLAND HOSPITAL OR (If outside city limits, write RURAL and give cause; 0 JOHNS HOPKINS HOSPITAL D. STREET ADDRESS prior contributing (If rurol, give location) Undetermined 728 N.
B. DATE OF BIRTH disposition is made. CAROLINE in regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) 59 FEMALE NEGRO MARRIED 5-1--08 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 10 Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (4) MARY MORTON JOHN WILLIAMS LO death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 7. INFORMANT 6. SOCIAL ADDRESS or final SECURITY NO. attendance any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed jestive heart failme: LEADING TO DEATH fracture (This does not meen the mode of dying, e.g., regular hearl failure, osthenia, etc. It means the disease, injury or complication which coused death.) who ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if ony, giving 3 lo the obove couse (A) stoling the = physician the remains UNDERLYING CONDITION lost. Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 19A. DATE OF OPERATION 0 WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? before No (2) 21A. ACCIDENT WAS UNDERLYING where (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF was released to the hospital °Z. MEDICAL DEATH (notify medical examiner) of any nature; obtained 21 D. TIME (Month) (Doy) (Year) 9 (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except ; and (6) OF INJURY Not While [While At (A PPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 10 - 21 10-24 death); that (I) (we) last sow the deceased alive on be ond that in (my) (our) opinion death accurred on the date hospital ond haur and from the causes stated above (1) (We) (did) (did not) view the body after death. must accident 23A, SIGNATURE 23B. DATE SIGNED M.D. Attending Stoff Med. 0 approval Phys. Director O prior 23D. ADDRESS 40 NAME (Type shows: (1) An ONM 4 24A. BURIAL CREMATION, REMOVAL (Specify) eceased he body was D.O. written 5 0 aK DI BY HEALTH DEPT. 25A. DATE REC' 25C. FUNERAL DIRECTOR Geor Ö VS 150-REV. 1/1/65

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10-24

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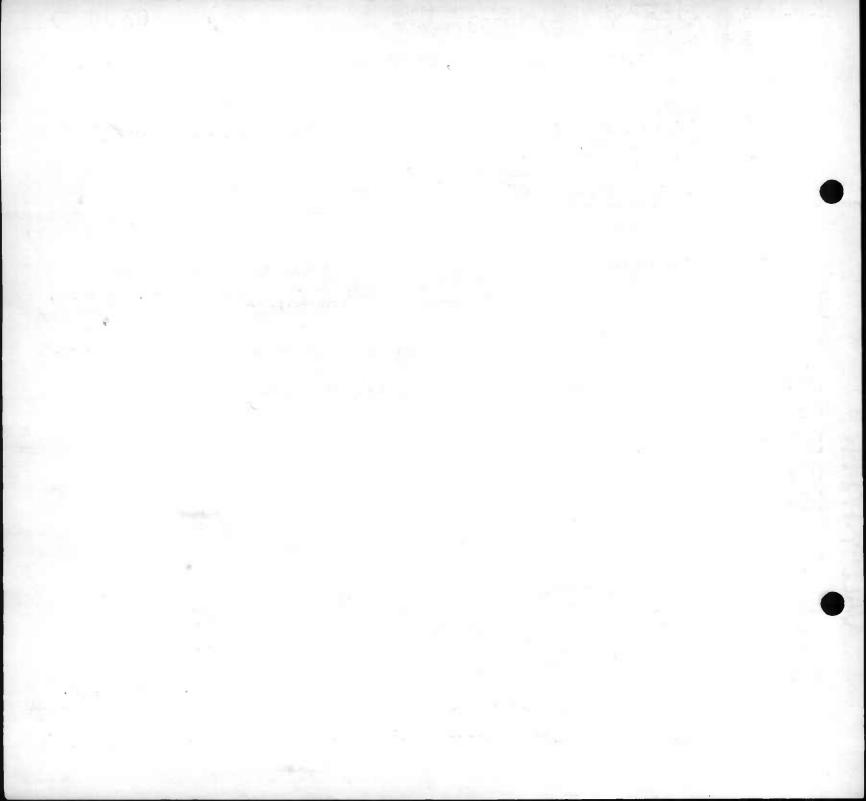
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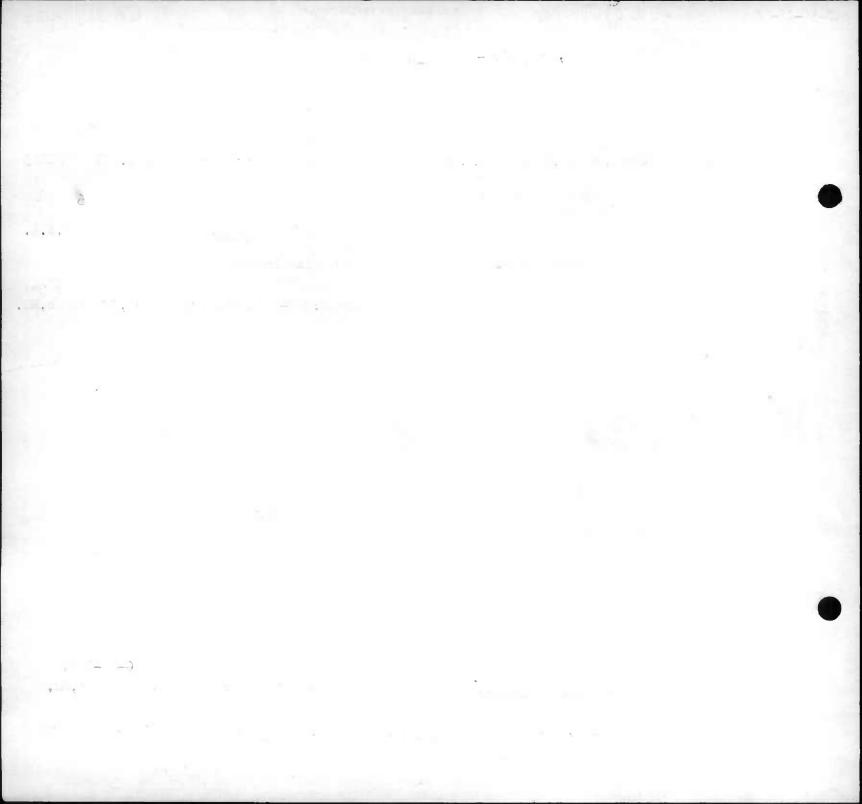
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT	V CH INTER -
The state of the s	Fred No. 67 10559
1, NAME OF DECEASED 2. DATE AND HOUI	R OF DEATH
BASIBOY BEASCEY, SHARON LEE 10/28/67	5PM M
A. STATE B. COUNTY	sed lived. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street 133 LINDEN oddress or location)	Imits, write RURAL and give township)
Baltimore City Mospitals 4940 Eastern Ave. D. STREET ADDRESS (If rurol, giv.)	e locotion)
Baltimore, Maryland # 21224 ABOUG	
5. SEX Ale Legro 7. MARRIED, PEVER MARRIED WIDOWED (Specify) Never married 10/22/67 9. AGE 10st birth 5. SEX	(In years If Under 1 Yr. If Under 24 Hrs. day) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count done during most of working life, even if retired)	
MD Maryland	USA
13. FATHER'S NAME	3-1/1.
PHILLIP SHARON 6	ARDNER
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	astern Ave. Baltimore, Maryland # 21224
18. 4 3 / X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO DUE TO	TIS 15 HOURS
heort foilure, asthenio, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO (B) VIRAC INFECTION DUE TO	
ANTECEDENT CAUSES (B) VIRAL INFECTION	
DISEASES OR CONDITIONS, if any, giving	
rise to the obave cause (A) stoling the (C)	
UNDERLYING CONDITION Iosi.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. II	TYES, WERE FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID	tir in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OC	CUR?
(APPROX.) While At Not White At Work	,
22. I certify that (I) (this haspital) attended the deceased fram 10/22/67 19	10/28/67 19
	y) (aur) opinian death accurred on the date
and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.	y, cos opinian asam accoms on the adi
23A. SIGNATURE	23B. DATE SIGNED
H. Willbam Calusch, Vn. M.D. Attending Med. Stoff Phys. Director Phys.	14/28/67
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 4940 Eastern	Ave. Baltimore, Md.
HILLIAM THE KEH JD M.D. Ballemore	Ave. Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	
CREMATION 11-1-67 BALTIMORE CITY HOSPITAL BALTIM	ORE, MARYLAND 21224
25A. DATE REC'D BY HEALTH DEBT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	CODOC 1 ADDRESS
MUV 6 1961 Ofoliato E. Tarkey Min HUDPITAL DI	SPUSAL
VS 150-REV. 1/1/65	



0-42-58	A FIGURE A FIRST A FIR	Y HEALTH DEPARTMENT 67 10560 -
= 0 v + 0	BIRTH NO. 67 10580 CERTIFICA M.E. CASE NO. I NAME OF DECEASED LOURY BADY GIRL	2. DATE AND HOUR OF DEATH
de de cea	1. NAME OF DECEASED Loudy, Baby Girl- (Type or Print) - Gora	/ CM.
hospital ise of (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location) INSTITUTION	Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give poinship) Baltimore
	Balto. City Hosp.	D. STREET ADDRESS (If rurol, give locotion)
O L .	4940 Eastern Avenue, Baltimore, Maryland	30 South Carey Street Apt. #2 21223
tribu mine gula sed mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED. DIVORCED (specify) Never Married	B. DATE OF BIRTH O-2/-67 9. AGE (In yeors lost birthdoy) If Under 1 Yr. II Under 24 Hrs. Min. Months; Doys H. Min. 51
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	
Po Lit		B USD Maryland USA U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
direc direc d; (4) ath w on th	Jesse Albert Loudy	Geraldine Russell
al al	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates at service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 21224
STAD SE		Records: BCN-4940 Eastern Avenue, Baltimore, Md.
Also, i e of an nounce attend	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
iner. ractur pror	heart failure, asthenia, etc. II means the disease,	
al exami l exami ; (3) A fr an who in regu	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	The placents
dica dica Jrns ysici was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
chief gody the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES
== 0000	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, or etc.)	in or about 21C. WHERE DID (II in Boltimore City, give exact location) Office bldg., NJURY OCCUR?
hospito nature; ept wh d (6) No ained b	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not Whi	21F. HOW DID INJURY OCCUR?
the host ny natu except and (6)	(APPROX) Work At Work	1 au 7 au
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of a of a l (e h);	that (1) (we) last saw the deceased olive on 10-21-6)	19 6:00 and that in(my) (our) opinion death occurred on the date
ased to dent of ospital death) must be	and hour and from the couses stoted obove. (1) (We) (did) (did not)	view the body ofter death. 23 B. DATE SIGNED
us ide		lending Med. Stoll 7
ac acc	23 C. PHYSICIAN'S	23D. ADDRESS 4940 Eastern, Avenue, Baltimore, Md.
was rel was rel An acc A. at a l prior to	TWANCICO QUINTERO M.D.	301/2 / / 1
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CR	IEMATORY 24D. LOCATION Baltimore Maryland
cert body ws: (ws: (D.O ease		ty Hospitals-4940 Eastern Avenue
This certification of the body shows: (1) was D.O. deceased written a	NOV 6 1967 Roberto E, Falley Mar	25C. FUNERAL SIRECTOR L DISPOSAL ADDRESS
	VS 150-REV. 1/1/65	



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Тур	e or Print)	Ba	by		Day	Kabi	Fain.	1	0-2	0-1967	7	8:00	AM M.
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H	ULL NAME OF		in hospital or or location)	institutio	n, give street		C, CITY C	A.		ty of Bo	rttim	ond give Jownship)	
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	Baltim	ove c	ily on	٠٠/١٠	7-163		D. STREET	ADDRESS		rol, give location)			-
	4940 East	tern A	venue,	Balti	more, Mar	yland	2	81/6	rle	cans Si	t. 2	1224	
no	letermine	RACE Wh	ite		VED, NEVER MA		B. DATE O	20 -1	967 10	AGE (In years st birthday)	If Und Month	der 1 Yı. If Und	der 24 Hrs. Min. ZZ
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done	during most of wor		n il retired)		None		Bo	timo	ve.	401.		S.A.	
13.	FATHER'S NAME				Tronc			ER'S MAIDE				0.000	
		Charl	ag D		7		T	,	1/	V.1			
15. 1	Wos Deceosed Ev			?	1 6/SOCIA	1	17. INFORM	MANT	1.	Kaptai	in	ADDRESS	
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FIC	19A. DATE OF O	PERATION	198. COND		R WHICH OP	ERATION	20 A. AI	JTOPSY (Yes	s or No)	20B. IF YES, WE	ERE FINDING	S CONSIDERED	
CERTIFIC	2			PRIVIED			}	es		YES		DEATH:	
	21 A. ACCIDENT OR CONTRIBUTE	WAS UND	ERLYING T		21 B. PLACE OF					(If in Bolti	imore City, g	give exact location	.)
CAL	DEATH (notify m	edicol exom	siner)		etc.)	oroty, strong t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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	22. I certify th					J. 2	2 10		19			7 20 1	
	that (I) (we) Id					7		(in(my) (aur)	opinion de	oth occurred o	n the date
	and hour and f		uses state	d abave	. (I) (We) (di	d) (did nat)	view the b	ady after d	leath.				
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	12/6	500	2016			M.D. At		Med. Director		toff hys.	0	ct. 20,1	76/
	23C. PHYSICIAN NAME (Type	s e)	Saroja				23D. ADDR	ESS					
	1	Δ.	Jan ols	•		M.D.	4940	Easter	n Ave	nue, Balt	imore,	Maryland	21224
24 A	REMOVAL (Spe	ATION, 24B	. DATE	24C	NAME of CE	METERY of CE			24D. LO	CATION	(City, town	or county)	(Stote)
C	remated	-	0/23/6	57 Ba	altimor	o City	Host	1+07	1.01		AT ULING	re, Md.	
	DATE REC'D B		DEPT.	258. NAM	E OF REGIS R		2 JC. 10	INERAL DI	#CION	+U Easte	rn "V	ADDRESS	
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vs.	150-REV. 1/1/65	4,					U	+ + +	1 1				

Ballimore C. G. Peopinson

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Was

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV, 1/1/65

25B. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE OF DEATH (Type or Print) 0 DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION 6126 MARGLENN BALTIMORE THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) 6126 MARGLENN AVE mad 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy FEMALE 1-8-19 WHITE 48 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore Md. Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Spo GIRLANDO LENA HERMAN GRUE ਰ 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) final SECURITY NO. Harry G. Smith-6126 Margleen Ave no CAUSE OF DEATH 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY baimed LEADING TO DEATH (A) IRREVERSIBLE CEREBRAL ISCHEMIA (This does not mean the made at dying, e.g., hearl lailure, osthenia, etc. Il means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION em ANTECEDENT CAUSES 4 DISEASES OR CONDITIONS, if any, giving 0 the above cause (A) stating the remains UNDERLYING CONDITION last. 11 ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes ar No. 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before Ü 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained (Month) (Dov) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Wark 22. I certify that (1) (this haspital) attended the deceased from be that (1) (we) last sow the deceased alive an 19 6 and that in(my) (our) opinian death occurred on the date ond haur and from the causes stated above, (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. M.D. Phys. Director approval 23C. PHYSICIANS 23D. ADDRESS GENANT THE JOHNS HOPKINS M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) eceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION City, town, ar county) 4430 Belair written Rd. Balt.Md. 6-6Holy Redeemer Burial

FUNERAL DIRECTOR

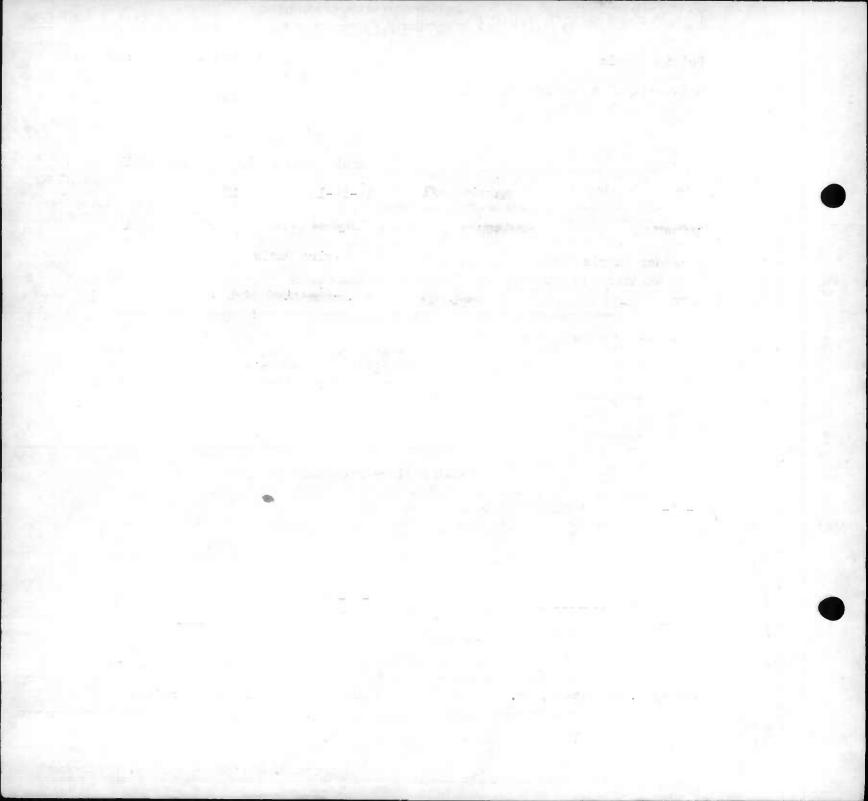
THE LABOR BUILDING

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UNIT 15 UNIT

71 1/72/2011 THE 2917 AT THE STREET

	Harris		2 Nove	nber 1967	8:00 PM		
Univer FULL NAME HOSPITAL OF INSTITUTION		nd Hospital or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissing the state of the state o				
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 19.	S Parkway	21217 If Under 1 Yr, , If Under 24 H		
Male	Colored	widowed, divorced cify)	11-11-18 lost	hirthdoy)	Months Doys Hours Min,		
	of working lite, even if retired)	The rinational Harve			12. CITIZEN OF WHAT COUNTRY?		
13. FATHERS NA	er Harris		14. MOTHERS MAIDEN NAME Elvira Davis				
15. Wos Deceose (Yes no or unknown) LYES (12)	ed Ever in U. S. Armed For wn) (If yes, give wor or dote WW-II & Kore	s of service) SECHRITY NO.	Mrs. Roaa H. Holl	nyt 1642 Gv	wynns Falls Pkwy		
DISEASES	e, asthenia, etc. It means amplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	dealh.) Por (B) DUE TO	ritional Cirrhosis tal Hypertension		years years		
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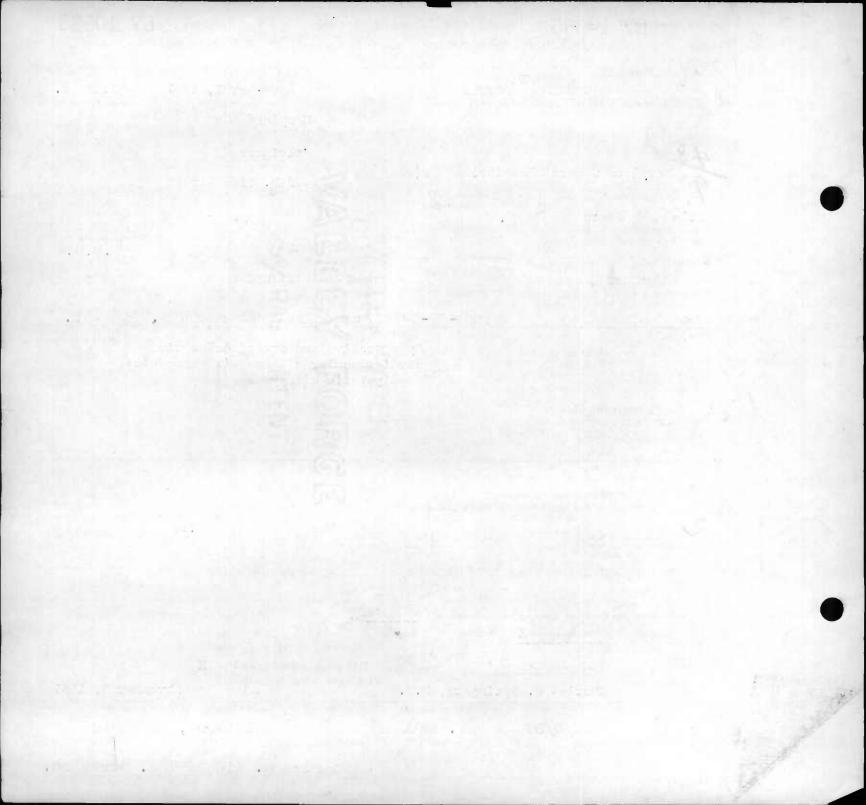


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BIRTH NO.

48					Baltimore D. STREET ADDRESS (If rural, give location)				
_	Ma	ryland Gener	al Hospi	tal (DOA)	405 N. Pine Street				
5.	SEX /	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Y		
	Male	Negro	WIDOWED,	DIVORCED (specify)	11/7/27	last birthday)	Manths Doy	s Hours	Min.
	LUSUAL OCC	UPATION (Give kind of	wark TOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	1	12. CITIZEN C) F	
dar	ne during mast af	warking life, even if retire	d)		Virginia		WHAT C	en A	
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	AE	1 0	U + Eko	
	A	rthur Fos	ter		Susan Jeffe	rson			
15. Ye	WAS DECEAS s, na ar unknaw	ED EVER IN U.S. ARA	LED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	1,81	
	No			226-30-7430	Josephine F	oster 405			
	18. 4 4				OF DEATH		ON	ERVAL BE	
	DISEA	SE OR CONDITION	DIRECTLY		ctensive and art		ic		
	(This does	nat meen the mode		Sala Salas Santarda	iovascular disea		genital	*********	
	heart failure	e, asthenia, etc. It me emplication which cous	ans the disease,	po]	lycystic kidneys				
		ANTECEDENT · CAU	SES				1000		
	DISEASES	OR CONDITIONS, I	F ANY, GIVING	DUE TO	**************************************	***********			
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MEDICAL	UNDERLYING UTING CA	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., e, farm, factory, street, c	in or obaut 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City, g	give exoct locatio	in)	
Σ	ZID IIIVIL	(Manth) (Day) (fear) (Haur)	TE. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?			
	(APPROX.)		m.	WHILE AT NOT	WHILE CORK				
	22.	rtify that I held an	Inquiry 🗌	Inspection Aut	apsy X and that an t	his basis, death in	my opinion		
	resu	Ited fram: Natural	causes	Accident Suicid		Undetermined mann	ner 🗌		
	TO STATE	100	0	0.0	CHIEF MEDICAL E	XAMINER [
	SIGNA		I J	- Trail M.D.	ASSISTANT MEDICAL E		D	ATE SIG	NED
	EXAMI	NER'S Charle	s S. Spr	ingate, M.D.	ASSOCIATE MEDICAL	EYAMINER	ovember :	2, 196	57
	A, BURIAL CR MOVAL (Speci	EMATION, 23B. DATE	23	C. NAME OF CEMETERY O	CREMATORY 23D.	LOCATION (City	y, town, or count	у) (Stote)
-	Burial	11/	6/67	Mt. Auburi	n B	altimore,	Marylan	nd	
24.	A. DATE REC'	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTO		ADDI		
		NOV 6 198	7 Robert	to E. Jankey M.F.	Chanles A	. Rice 661	W Ro-	nna c	+
V	151-REV, 1/1	/65			Oliar res W	• MITCE OOT	L W. Da.	1.0 2	, , ,
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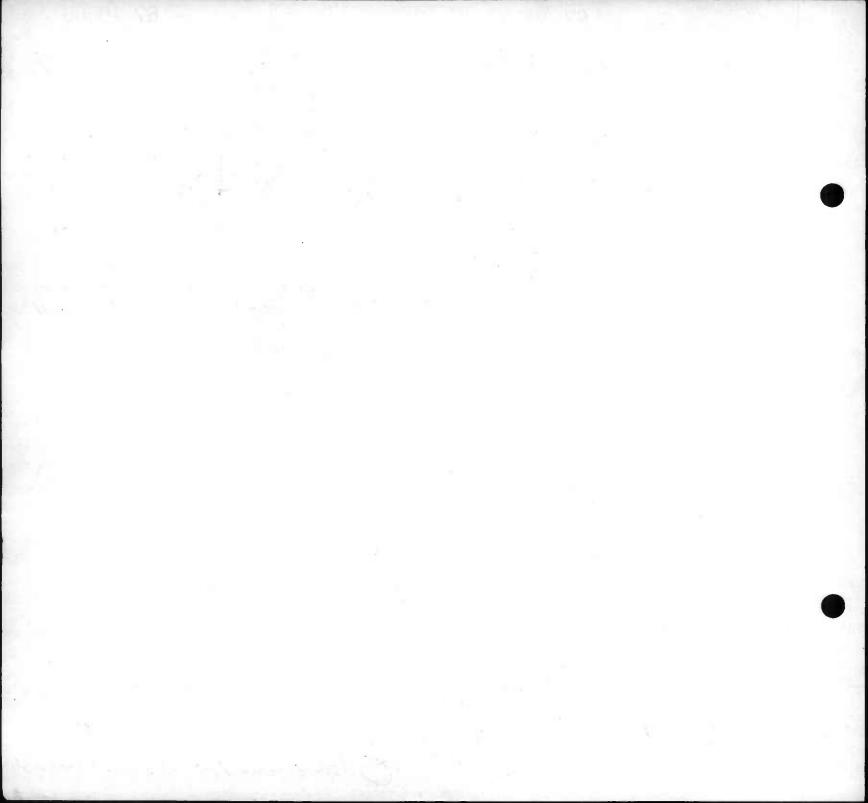


Registered Na. BIRTH NO. CERTIFICATE OF DEATH the d in a hospital and ing cause of death cause; (5) Deceased Such M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo death. DENCE (Where deceased lived. If Institution: residence before admi-3. PLACE OF DEATH IN BALTIMORE, MA USUAL A. STATE attendance B. COUNTY contributing cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and 0 INSTITUTION BD190 GRN 4/40SP. prior D. STREET ADDRESS occurred is made. etermined regular MARRIED, NEVER MARRIED OF BIRTH 9. AGE (In years last birthday) deceased WIDOWED, DIVORCED (specify) DOWED BUSINESS OR INDUSTR work 10B, KIND disposition death Ξ (4) Und Mas the MOTHER'S MAIDEN MAME death PO 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give war at dates of or final attendance any pronounced DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This daes not mean the made of dying, e.g., examiner heart failure, asthenia, etc. It means the disease, regular injury at complication which caused death.) who ANTECEDENT CAUSES Ore DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the = physician remains UNDERLYING CONDITION last, the chief medical medical burns; MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. the Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the WAS PERFORMED before 3 where 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF tNJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING _ CAUSE OF to the hospital AL DEATH (notify medical examiner) etc.) any nature; MEDIC. obtained 21 O. TIME 21E, INJURY OCCURRED (Month) (Day) (Year) (Hour) 21F. HOW DIO INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and 22. I certify that (I) (this haspital) attended the deceased fram. 196 pe that (1) (we) last saw the deceased alive an eath) hospital of must and haur and fram the couses stated abave. (1) (We) (did) (did not) view the bady after death. accident 23A. SIGNATURE Ō Attending / M.O. Med. Staff prior to Phy s. Director Phys. approva was re 0 23 C. PHYSICIAN'S 23D. ADDRESS a NAME (Type) An M.D. V 24A_BURIAL CREMATION. deceased he body o REMOVAL (Specify) written ď Was EUNERAL DIRECTO

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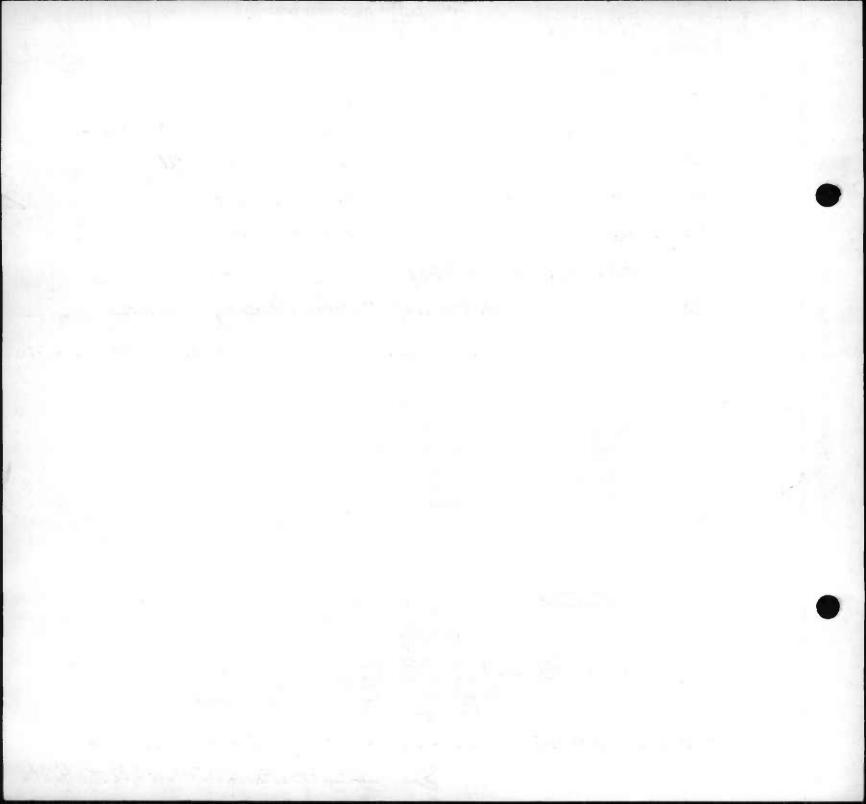
BALTIMORE CITY HEALTH DEPARTMENT

If Under 1 Yr. Months: Ooys If Under 24 His. Min Hours 12, CITIZEN OF WHAT COUNTRY? ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that In(my) (aur) apinian death occurred an the date 23B DATE SIGNED 6



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BIRTH NO. 67 105	CERTIFICA	TE OF DEATH Registered No.	01 10001
A.E. CASE NO.		2. DATE AND HOUR OF DEATH	
Type or Printi PERECOY 3. PLACE OF DEATH IN BALTIMON	EDWARD J.	11/5/67	5 20 N
. PLACE OF DEATH IN BALTIMO	RE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in: A. STATE B. COUNTY	stitutian: residence befare admission)
FULL NAME OF (If not in he hospital OR oddress or institution	ospital ar institution, give steel location)	C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
UNION MEMORI	AL HOSPITAL	BALTIMORE D. STREET ADDRESS (If rural, give location)	53-00
44		3616 SUSSEX A	+
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
m w	m	2-16-1908 59	
10A. USUAL OCCUPATION (Give kind dane during mast of working life, even if the ARDENTER -	f of work 10B, KIND OF BUSINESS OR INDUSTRY retired)	11. BIRTHPLACE (State or foreign country) BALTIMORE	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME	- 0	14. MOTHER'S MAIDEN NAME	
EdWA	Rd T. PEREGOV	GRONA	w
5. Was Deceased Ever in U. S. Am Yes, na grunknawn) (If yes, give war	ned Farces? 6. SOCIAL	17. INFORMANT	ADDRESS
1/2	217-09-1507	ALthea M. Peregoy - JA	me.
18.420111	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO D		ACAPAINI WEARCTION	20 m 1 N appro-
(This does not mean the ma heart failure, asthenio, etc. It injury ar camplication which	means the diseose,	CARDIAL INFARCTION	of the comme
ANTECEDENT C	ALICES (8)		
DISEASES OR CONDITIONS	DUE TO		
rise to the above cause UNDERLYING CONDITION to	(A) slating the		
II			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CAU	T RELATED TO THE		
19A. DATE OF OPERATION 19	B. CONDITION FOR WHICH OPERATION AS PERFORMED	20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FIN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
O 21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE CONTRIBUTING CAUSE DEATH (natify medical examined	OF home, farm, foctory, street, of	n or about 21 C. WHERE DID (If in Baltimore INJURY OCCUR?	City, give exoct lacation)
21D. TIME (Manth) (Day)	(Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Wark At Work		
22. I certify that (IX(this ha	aspital ottended the deceased from	1/5/67 19 10 11/	5/67 19
that (I) (we) lost saw the de		19 6 7 ond that In(my)(our)opin	
	es stoted obove. (I) (We) (did) (did not) v		non death occurred on the dar
23A. SIGNATURE	2	The stay characters.	23B. DATE SIGNED
Charles of	Buren M.D. Alle	ending Med. Staff Staff Phys.	11/5/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	THI
	M.D.		
24A. BURIAL CREMATION, 24B. D.	ATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (Cit	ly, town, ar county) (State)
BURIAL 11-8	8-67 Wood/AWN	emetery BALtimo	Re, Md
25A. DATE REC'D BY HEALTH DEP NOV 6 196	7 Page of REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/65	Tipoton Ti touton, at	Ellsworth HRMACOSI-46	on Liberty HEATS
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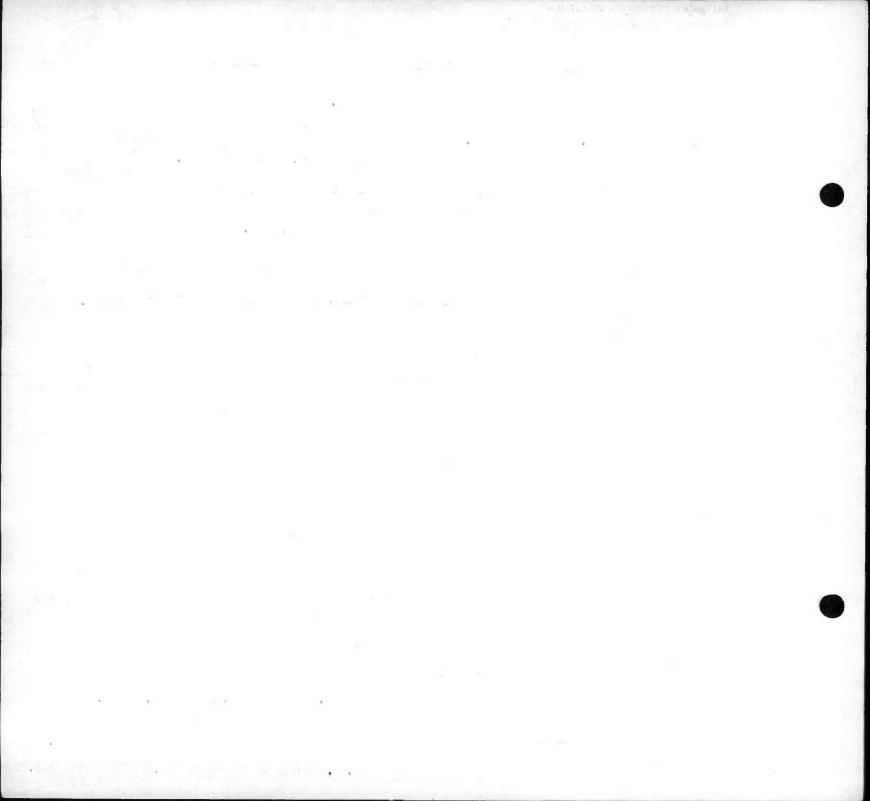


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approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	*	0	F	.=
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This certificate must be	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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0	67 10568	TE OF DEATH Registered NO.7	10568			
	M.E. CASE NO. 1. NAME OF DECEASED (Tune of Pink)	2. DATE AND HOUR OF DEATH	100			
	Claude Scott	11-2-67	3:25 A.M.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street)	A. USUAL RESIDENCE (Where deceased lived. II instit A. STATE B. COUNTY Maryland	ution: residence belore admission)			
, 1	HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUE	RAL and give township)			
	Provident Hospital, Inc.	Baltimore 14-02				
	29 1514 Division Street	D. STREET ADDRESS (If rurol, give location)	/			
6	Baltimore, Maryland 21217	1705 Etting Street				
is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED specify) Male Negro Single	2-20-31 36	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working tile, even if retired)	11. BIRTHPLACE (Stote or foreign country) Virginia	U.S.A.			
disposition	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	- 100			
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS			
final	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 250-28-76	James Scott - Brother	SAME			
or fi		OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH			
ne	LEADING TO DEATH	elirium Tremens				
embalmed	heart failure, astheria, etc. It means the disease,					
m b	injury or complication which coused death.)					
are	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the C)					
ins	UNDERLYING CONDITION lost.					
ore the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
pefor	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in low medical examiner) DEATH (notify medical examiner)	n or obout 21C. WHERE DID (If in Boltimore C this bldg., thuser occur?	ity, give exoct locotion)			
ained	OF INJURY (APPROX.) Month (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not White Work At Work At Work Not Wo					
þ	22. I certify that (1) (this hospital) attended the deceased fram OC		ber 2. 1067			
pe o	that (I) (we) last saw the deceased alive an November 2	2 and that in(my) (aur) apinio	n death accurred an the date			
must	and haur and fram the causes stated above. (1) (We) (did) (did nat)		B. DATE SIGNED			
Ē			11-2-67			
Val	23C. PHYSICIAN'S	ending Med. Stoff Phys. 22 23 D. ADDRESS				
approval	NAME (Type)	and December 1	to., Maryland			
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	100000	town, or county) State)			
written	25A. DATE REC'DIRY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR June 1 1912	W. North Am			
	VC 150 PEV 1/1/45	V///V				

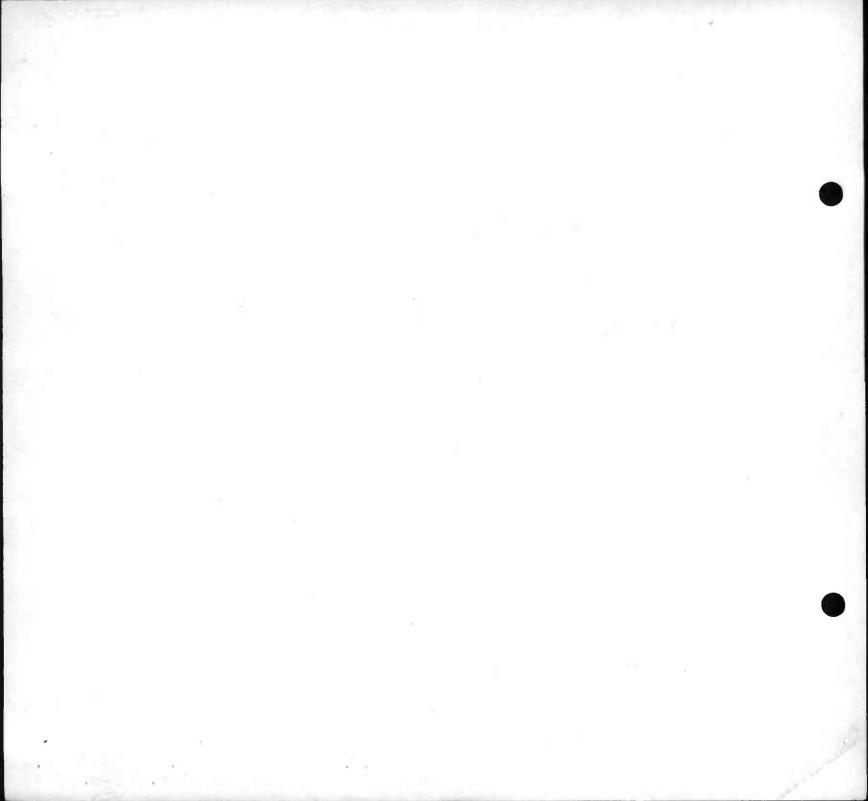
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M.E.	NO. CASE NO.		1056	9 CERTIFICA	TE OF DEATH		07 10303
Tyne	ME OF DECEA					AND HOUR OF DEATH	1.1057.0. 4
3. PL	Mildred Morris Pendleto PLACE OF DEATH IN BALTIMORE, MARYLAND				On 11-1-67 IE 30 A.A. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission A. STATE 8. COUNTY		
FL	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) NSTITUTION			Md.			
				C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	3	3507 N. Ch	arles	St.	Baltimore D. STREET ADDRESS (If rurol, give locotion) 3507 N. Charles St.		
- (00						
S. SE	x 6.	RACE	WIDQWE	NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH 1-21-1876	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
σλ.	-	ATION (Give kind of world	Wido		11. BIRTHPLACE (Stote or	,	12. CITIZEN OF
	100000000000000000000000000000000000000	rking life, even if retired)			Baltimore,	Md	WHAT COUNTRY?
	ONE				14. MOTHER'S MAIDEN		ODA
					Louise Hollingsworth VanDyke		
J. V	onn Bou	cher Morr	IS	1 6. SOCIAL	LOUISE HO	LLingsworth	VanDyke
Yes,	no or unknown) (II	f yes, give wor or date	s of service)	SECURITY NO.			
	No				9 Lawrence	Perin 10	Light St.
1	8.334	4 X I		CAUSE O	F DEATH		ONSET AND DEATH
		OR CONDITION DI	RECTLY	(II)	this alerais	a la realis	al years
		mean the made af		DUE TO	leriò salerosez	Cinical Action	72000
	heart failure, as injury ar campli	sthenia, etc. It means ication which caused	the disease, death.)	alson		1-4-	
		ITECEDENT CAUSES		(8)	may had s	nfichim	3 rejeass
	DISEASES OR	CONDITIONS, if	απy, giving	DUE TO			
		abave cause (A)	stating the	(C)			w
-	ON DEREING .						
EDICAL CERTIF	TO THE DEA	 Cant conditions C TH BUT NOT RELA INDITION CAUSING	TED TO TH	G Tuma	y had m	piction	5 years
	9A.DATE OF O	PERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	NO NO		FINDINGS CONSIDERED LUSES OF DEATH?
	PLA. A CCIDENT OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol exominer	218 hon etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21C. WHERE DI ffice bldg., INJURY OCCUI	O (If in Baltimo)	e City, give exoct location)
	TID. TIME (/	Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
>	APPROX.)		WE	ile At Not Whit	e		
2	2. I certify th	at (I) (this hospita) ottended t	he deceased from	mrc 19	1962 to OB	7 19 1967
		st saw the decease			1 12		inian death occurred on the de
					riew the body ofter dec		
	3A. SIGNATURE		/	// (3/4) (3/4) (3/4)	- Tow the body offer dec		23B. DATE SIGNED
	Va	the Telle	1	M.D. Att	ending Med.	Stoff Phys.	nov. 6, 67
	3C. PHYSICIAN	s	HIMEN	TVU CV 1	23 D. ADDRESS	- 111y s	1000,00
12	NAME (Type	e)	den Ho	ward M.D.	12 E. Eag	er St., Bal	to. Md.
1		John Till		**			
	BURIAL CREMA	John Til		AME of CEMETERY or CR	EMATORY 241	LOCATION (C	ity, town, or county) (Stote)
24A.	BURIAL CREMA	ATION, 24B. DATE	24C.N				
24A.	BURIAL CREMA REMOVAL (Spe	ATION, 248. DATE	24C.N	reenmount		Baltimore	Md.
da.	BURIAL CREMA REMOVAL (Spe	ATION, 24B. DATE	24C.N		25C. FUNERAL DIREC	Baltimore	



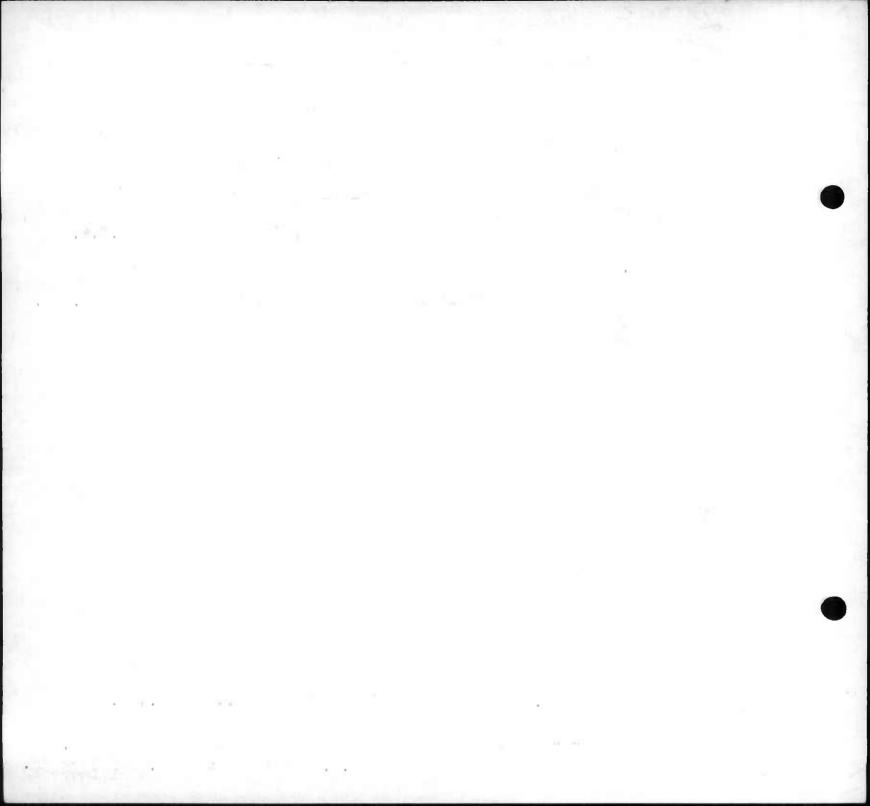
FUNERAL DIRECTOR: IMPORTANT

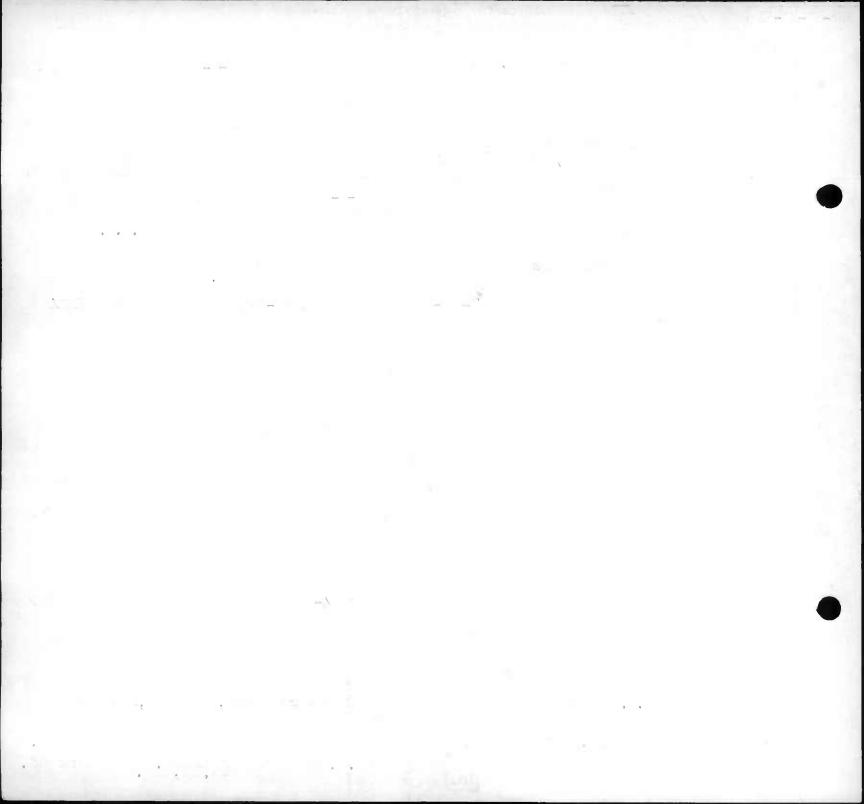
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH Such ng cause of death cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH LO (Type or Print) CABE -3 hospital death. USUAL RESIDENCE (Where deceased lived, If institution: residence STATE 8, COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance MARYL FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospitot or institution, give street oddress or location) (If outside city limits, write RURAL and give town attend 0 SQUARE HOSP prior D. STREET ADDRESS contributing occurred is made. Undetermined in regular 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. deceased WIDOWED_DIVORCED (specify) Doys Hours SINGLE BALTO GAS 12, CITIZEN OF CE (State or foreign country) or final disposition death done during most of working life, even if retired) WHAT COUNTRY? RETIRED - LAB. TECH DELEC. CO. Mas the 0 death SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance pronounced 1B. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed o LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., hearl foilure, asthenio, etc. Il means the disease, regular injury at camplication which coused death,) who ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the the physician the remains UNDERLYING CONDITION lost. the chief medical No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) hospital MEDICAL DEATH (notify medical examine) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) and to the any 22. I certify that (I) (this haspital) attended the deceased from ECOBER that (1) (we) lost sow the deceased alive on MOUCITBEN 3 ond that in (my) (our) opinian death occurred on the dote hospital death) ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. the body was released An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director Stoff 0 written approval Phys. 0 23 C. PHYSICIAN'S eceased prior 23 D. ADDRESS to NAME (Type 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) o REMOVAL (Specify) shows: Md. Burial Baltimore. New Cathedral MOS 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 Balto.12. VS 150-REV. 1/1/65



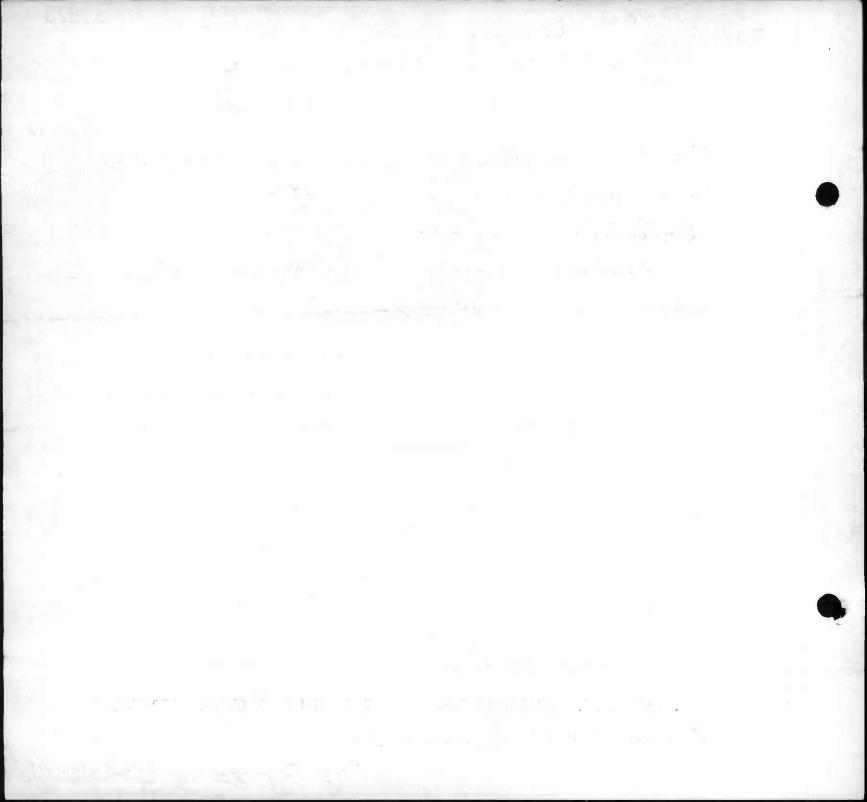
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. hospital and use of death ; (5) Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) uo 11-3-1967 Frances Bedford Donoho death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY ance (4) Undetermined cause; (5) contributing cause Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township attend INSTITUTION 0 Baltimore = 5203 Falls Road prior D. STREET ADDRESS (If rural, give tocation) 5203 Falls Road occurred regular mad 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX eceased Months Doys Hours WIDQWED, DIVORCED (specify) lost birthdov F W 2-20-1891 76 Widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) = London, England U.S.A. Own Home Ď Homemaker MOS 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the direct Alice Milne Henry E. Bedford assistant death LO ADDRESS Ruxton. 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL 17. INFORMANT SECURITY NO Bedford Chapin 1720 Circle Rd. Md. 218-18-2 attendance No any CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It meons the disease, the chief medical examiner 9 injury or complication which coused death.) regul ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving ල rise to the abave cause (A) stoting the physician remains UNDERLYING CONDITION lost. MOS burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the Body 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 0 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before by 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? 3 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact tocotion) ere OR CONTRIBUTING CAUSE OF to the hospital 0 DEATH (notify medical examiner) etc. nature; × P MEDIC by 21 F. HOW DID INJURY OCCUR? obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY approved (except While At [Not While (APPROX.) Work At Work and dny 22. I certify that (1) (this hospital) attended the deceased from 19 that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death accurred on the date ath) of hospital the body was released and hour and from the caus s stoted gbove. (1) (We) (did) (did not) view the body after deoth. must An accident 23A. IGNATURE 23 B. DATE SIGNED 0 O Attending M.D. Med. 0 Phys. Director written approval 0 23D. ADDRESS PHYSICIAN prior ŧ NAME (Type) 5006 Roland Ave., Balto., Md. G. Helfrich William M.D. 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) 24A. BURIAL CREMATION, 24B. DATE ceased D.O. REMOVAL (Specify) shows: Baltimore 11-4-67 Md Cremation Greenmount H.W. Jenkins & Sons Co. 4905 York Rd. SD 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65





BALTIMORE CITY HEALTH DEPARTMENT 10573 Registered No. CERTIFICATE OF DEATH of death Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH IAYLOR (Type or Print) LO NOV. a hospital 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance COUSE Maryland (If not in hospital or institution, give street (If outside city limits, write RURAL and give township) FULL NAME OF oddress or location) HOSPITAL OR C. CITY-OR TOWN INSTITUTION 0 atten 10W504 prior (If rural, give location) D. STREET ADDRESS contributing NION MEMORIA MANOR NURSING disposition is made. regular 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX eceased WIDOWED, DIVORCED (specify) Hours Ma manue 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) AMERICAN Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the 4 LERINY eath 0 kind; 5. Was Deceased Ever in U. S. Armed Forces SOCIAL 17. INFORMAN final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance UMH (lukourn any or CAUSE OF DEATH INTERVAL BETWEEN pronounce ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving n rise to the obove couse (A) stoting the physician before the remains UNDERLYING CONDITION Iosl. the chief medical medical burns; MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 198. CONDITION FOR WHICH OPERATION the o WAS PERFORMED by 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (2) (If in Boltimore City, give exact location) where to the hospital °Z DEATH (notily medical examiner) nature; MEDI obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except While At (APPROX.) Al Work Work and any OCF 22. I certify that (1) (this haspital) attended the deceased from pe that (1) ((we)) lost sow the deceased alive on ... NOV. 19 6 0 ...ond that in (my) (our) oplnion death accurred on the date death) of D (did) (did not) view the body ofter deoth. and hour and from the causes stated above. (1) (We) the body was released must hospit accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Stoff M.D. 9 Phys. approval 0 23C. PHYSICIAN'S 23 D. ADDRESS prior at NAME (Type) NRU ANDABARAHOPDIDIZIANZJA M.D. THE WAY ON MEMORYAL 24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY 24D. LOCATION eceased (Stote) D.0. TEMOVAL (Specify) shows: 25B. NAME OF REGISTRAR Mas 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

NETH NO H-322 67 10	CT175 US	HEALTH DEPARTMENT	1/	CD 1057A
	OERTIFICA	TE OF DEATH	Registered No.	67 10574
M.E. CASE NO. 1. NAME OF DECEASED Harri	mon B. Hodges	2. DATE AN	D HOUR OF DEATH	
(Type or Print) HODGES	HARMON B	FRRY 11-	1 - 67	7:30 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	elinivitory	4. USUAL RESIDENCE (When A. STATE B. COUN	e deceased lived. If i	nstitution: residence before admissi
		11.00	_	nore
FULL NAME OF (If not in hospital or institut oddress or location)	ion, give streel	C. CITY OF TOWN (If out	side city limits, write	RURAL and give township)
INSTITUTION				
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13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE	
Berry Harmon Hodges		WALIRA	F. Brewto	on
5, Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMAN Daughte	r) 1	Oundalk, Md.
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OF INJURY (Month) (Doy) (Year) (Hour)		21F. HOW DID INJ	URY OCCUR?	
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and hour and from the causes stated above	7 - 1	- /		
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71	Phy	ys. Director	Phys.	11-1-09
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	6. 10	= USCOLENI
T. WEE	. M.D.	THRANKL/N	SQUARE	- HOSPITAL
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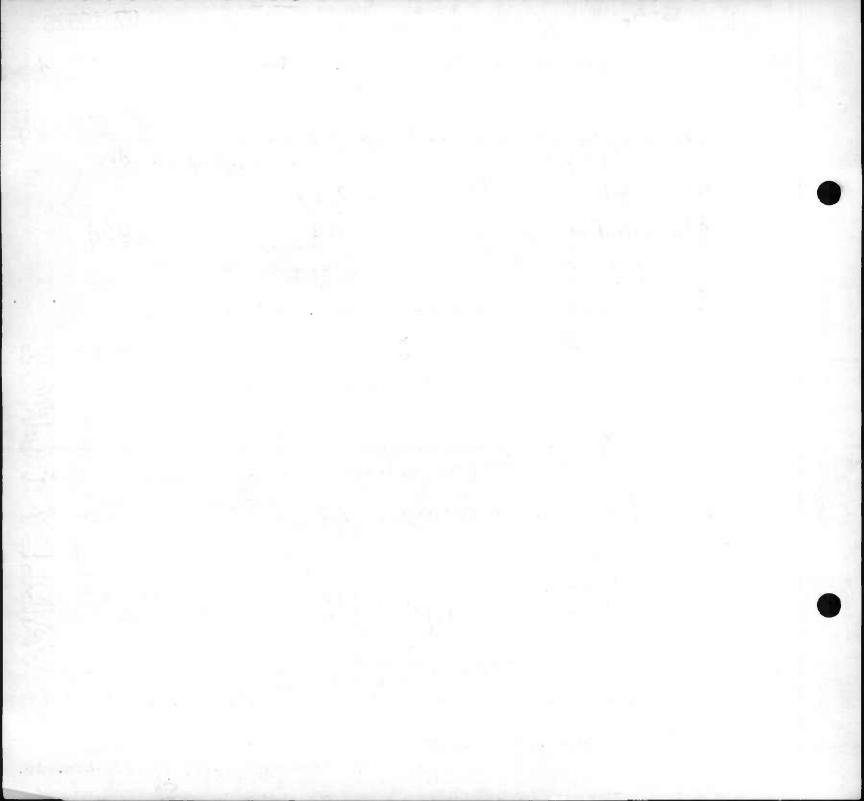
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	13. F	FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	
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		NO	188-03-4627	Mrs. Georgianna	Inners, 6902	Sollers Point Rd
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		and hour and from the couses stated above				
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	24A		C. NAME of CEMETERY of CR			town, or county) (State)
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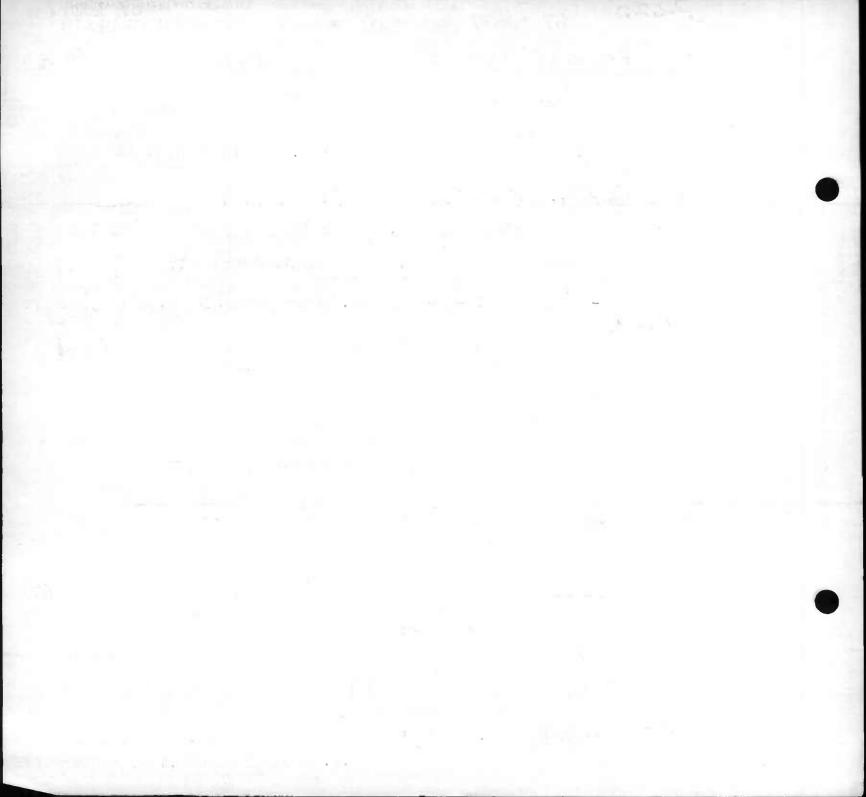
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Catonsville Ma 750 Edill. Av.	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	STERLING FUNERAL FROM ATA	7 736 Form A.
73 130 AL 11 17 17 03	VS 150-REV. 1/1/65	Catonsville , Mc	7 / DO Edillo AD.



	P-625		HEALTH DEPARTMENT		67 10577
BIRT	H NO. 67 10.	577 CERTIFICA	TE OF DEATH	Registered Na	37 20011,
	AME OF DECEASED TYMISZ	PROCENKO		ID HOUR OF DEATH	
(Ту	e or Print) Procentes, 7	4 misz	11/	4/67	4 00 A
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceosed lived. If ins	stitution: residence before admission
	ULL NAME OF (If not in hospital or instituti	in and the state of	MARYLAND		
	HOSPITAL OR oddress or lacotion)	ion, give sireer	C. CITY OR TOWN (If out	tside city limits, write R	URAL and give township)
	THE JOHNS HOPKINS	HOSDITAL	BALTIMORE		1-00
	2 3	HOSETTAL		rural, give location) _LINGTON A	VENILE
	<i></i>				
5. \$	WIDO	RRIED (specify)	2-4-99	9. AGE (In years lost bighdoy)	ff Under 1 Yr. If Under 24 H Months Doys Haurs Min.
	USUAL OCCUPATION (Give kind of work 10 B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		tle Cap Mfg.	Ukraine		Ukraine
	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	OHIGHIO
	JACOB PROCENKO		STEPHAN	VIE ??	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1 7 too 6. 6	ADDRESS
	Vo		Mng Tomono Do	77]=0 010 0	C-7734
-	1B. / / 2 V	CAUSE 0		YKU, ZIZ D.	Collington Ave
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) Care	curo ma of lu	ing E	2 yrs
	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	evebral méte	astoses	3
	injury ar camplication which caused death.)				
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	DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating	48			
	UNDERLYING CONDITION last.	the (C)			
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ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	TING LUL	Preumonia	CUA	
CAI	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NICH CONCINCIO
ERTIFIC	WAS PERFORMED	OR WHICH OPERATION	No	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or obout 21C. WHERE DID ince bldg., INJURY OCCUR?	IIf in Baltimare	City, give exact location)
0	21D. TIME (Month) (Day) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
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	22. I certify that (I) (this hospital) attended		100 / 100 //	19 67 to 11	14 1967
	that (I) (was) lost saw the deceased alive	1112			ion death occurred an the de
	and hour and from the causes stated above	/		ar m(my) pagaga apm	non death accorded an the di
	23A. SIGNATURE	vi (i) (ge) (did) (dggatei) v	iew the body difer deoin.		23B, DATE SIGNED
	Elezabeth 1.	aussan M.D. Atte	nding Med. Director	Stoff Phys.	11/4/67
	23 C. PHYSICIAN'S		23D. ADDRESS	rnys.	
	Elizabeth H. J	ausson M.D.	Johns Hopk	ins Hosp	ital Battonio,
24A	BURIAL CREMATION, 248. DATE 240	C. NAME of CEMETERY OF CRE			(State)
	REMOVAL (Specify)				
25A	1.77707	St. Andrew's	25C. FUNERAL DIRECTOR	timore,	Maryland
ii.	NOV 6 1967 AD R-Q	. Falley M.B.	M.F.SADOWSK	I & SONS.1	808 EASTERN AV
Vs	150-REV 1/1/65	A MANAGORA MANA		,	



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 67 10578 Registered No. BIRTH NO. CERTIFICATE OF DEATH pital and of death Undetermined cause; (5) Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Lo HAJOR . WALTER MUSE, ST. November 1967 hospital 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A, STATE
B, COUNTY death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance MARYLAWD cause ((f not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) ((f outside city limits, write RURAL and give township) attend INSTITUTION 9 BALTIMORE MEMORIAL HOSPITAL prior D. STREET ADDRESS (If rural, give location) contributing occurred 6203 MC CLEAN BLVD disposition is made. regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. deceased WIDOWED, DIVORCED (specify) 02-25-MARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF death WHAT COUNTRY? done during most of working life, even if retired) Virginia Retired Carpenter USA Was 13. FATHER'S NAME 14, MOTHERS MAIDEN NAME the direct (4) assistant if MUSE WAVERLY BLANCHE death 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) ((f yes, give wor or dates of service) SECURITY NO. attendance Mrs. Kathryn B. Major Yes WWl 216-03-8576 (Same) any CAUSE OF DEATH INTERVAL BETWEEN pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed of (A) COROWARY OCLUSSION LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heorl foilure, osthenio, etc. Il meons the diseose, examiner regular injury or complication which coused death. RTERIOSCLEROSIS em ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving 3 rise to the obove couse (A) sloting the physician UNDERLYING CONDITION lost. the remains chief medical medical burns; Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING (T. Body 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before the 3 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID ((f in Boltimore City, give exact (acation) where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital °N MEDICAL DEATH (notify medical examined any nature; be obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except White At Not While (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from November 3 1967 to November 3 196 that (1) (we) lost sow the deceased alive on November 3 1967 death);ond that in (my) (our) opinion death occurred on the date of hospital and hour and from the couses stated above. (L) (We) (did) (did not) view the body ofter death. the body was released must accident 23A. SIGNATURE 238. DATE SIGNED M.D. Attending 9 Phys. Director approval 0 PALACCOS 23D. ADDRESS UNION MEMORIAL prior 23C. PHYSICIAN'S certificate at UNION MEMORIAL HOSPITAL D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 11/6/67. shows: Baltimore, Md. Parkwood Cemetery Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/65

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VS 151-REV. 1/1/65/

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Lagrange J. Buck, Inc. Balto. Mt. 20201

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased Such on the M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MELISSAS MARY eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ance B. COUNTY PENNSYLVANIA FULL NAME OF (If not in haspital or institution, give street O HOSPITAL OR address or tacation) C. CITY OR TOWN (If outside city limits, write RURAL and give attend INSTITUTION MOMESSEN MEMORIAL D. STREET ADDRESS (If rural, give location) UNION 1405 P 413 50071 AVE regular mad 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. If Under 1 Yr. deceased Months Days Hours WIDOWED, DIVORCED (specify) last birthday) M 58 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of warking life, even if retired) Ξ PENN RET 45 Mas the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME YETCONISH MARY CHARLES death 0 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknawn) (If yes, give war ar dates of service) 6. SOCIAL 3210 final SECURITY NO. MARIE HER MAN attendance unknown no BALTO, MD any CAUSE OF DEATH pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 10 embalmed LEADING TO DEATH IN ACUTE MYUCARDIAL INFARCT (This daes not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, ar injury at camplication which caused death.) Ca BREAST & METASTISIS ANTECEDENT CAUSES ho DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the chief (2) Body 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, factory, street, office btdg., INJURY OCCUR? ere IIf in Baltimare City, give exact location) OR CONTRIBUTING _ CAUSE OF the body was released to the hospital °Z. DEATH (natify medical examiner) any nature; 3 MEDIC obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except White At Not While (APPROX.) At Work and 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an...19.....and that in(my) (aur) apinian death accurred on the date of hospital eath) and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. An accident 23A. SIGNATURE 23 B. DATE SIGNED T Attending Phys. Med. M.D. 0 Director approval ō 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) HOSP UNION MEMORIAL Charles S. B rown M.D. D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) eceased REMOVAL (Specify) shows: II/I0/67 Burial Grand View Cem. Momessen. Pa. Was 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md. VS 150-REV. 1/1/65

DATE OF BUILDING

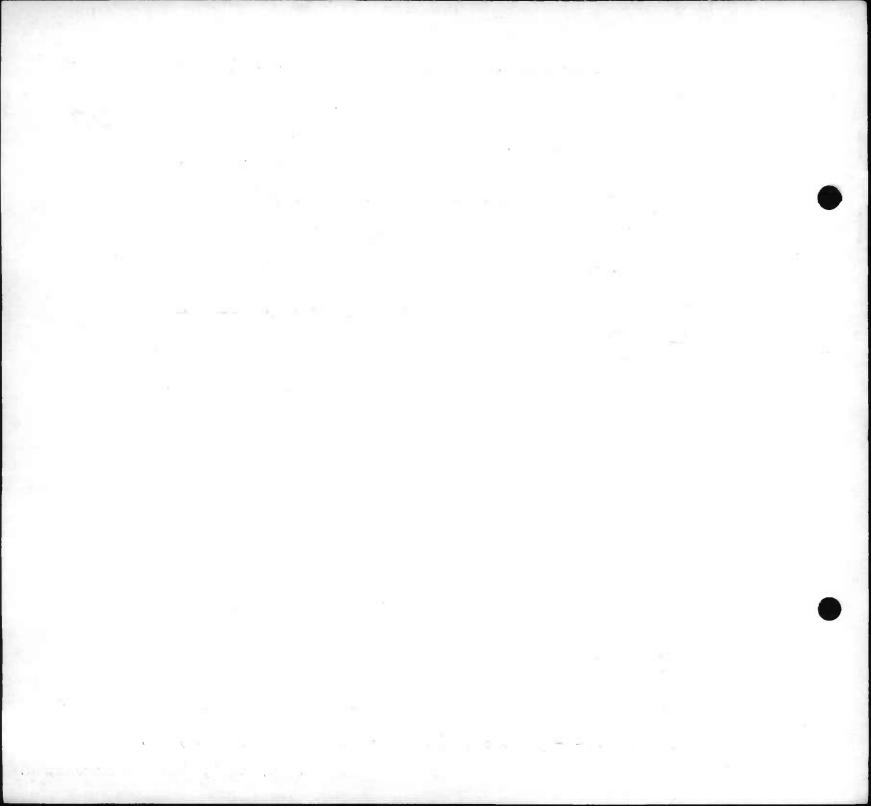
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FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

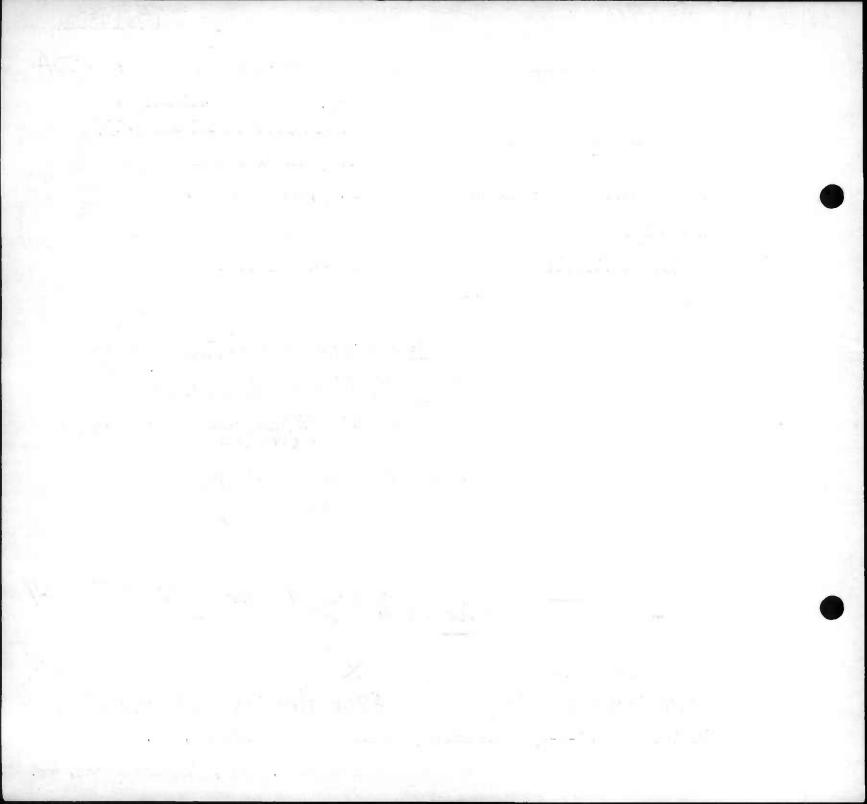
	Y HEALTH DEPARTMENT 67 10582
BIRTH NO. 67 10582 CERTIFICA	ATE OF DEATH Registered No.
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) Florence K. Wilbourne	Nov. 4, 1967 920 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Md.
INSTITUTION OBSIESS OF ICCOMM	C. CITY OR TOWN (If outside city limits, write RURAL and give townthip)
3043 Pinewood Ave.	D. STREET ADDRESS (II rurol, give locotion)
70 7077 7.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	3043 Pinewood Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. It Under 24 Hrs. Months; Doys Hours Min.
female white married	April 24,1901 66
INA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry S. King	Sophia Andre
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) the yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no 212106455	B George (. Wilbourne same
18.443 X I	B George (. Wilbourne same OF DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	en frel henounhage (har in)
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	Lot Brandianielas (mens)
ANTECEDENT CAUSES (B) DUE TO (fectusive carolivoscular 6 years
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last.	
, II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	THE IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or obout 21 C. WHERE DID (It in Boltimore City, give exact location) office bldg., INJURY OCCUR?
DEATH (notity medical examiner) etc.)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED White At Not Wh	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not What Work At Work	k 🔲
22. I certify that (I) (this hospital) attended the deceased from	May 196 (10 Betrember 4 1967.
that (1) (we) last sow the deceased alive an Miv. 4	ond that in(my) (our) apinian deoth accurred an the date
ond hour and from the couses stated above. (1) (We) (did) (did nat)	view the body ofter deoth.
23A. SIGNATURE M.D. A	ttending Med. Stoff 1/6/67
	nys. Director Phys.
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY OF C	bed Lock fair and the 100
REMOVAL (Specify)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	emetery Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS
NOV 6 1967 P. O. B. E. tarberta	Leonard J. Ruck, Inc Baltimore, Md.
00100	Leonara J. Nack, The Buccomore, ma.



D-657 BALTIMORE CI	TY HEALTH DEPARTMENT	67 10583
BALTIMORE CI BIRTH NO. M.E. CASE NO. CERTIFIC	ATE OF DEATH Registered No.	01 10000
I I NAME OF DECEASED	12. DATE AND HOUR OF DEATH	
(Type or Print) (atherine L. Primus	Nov. 5,1967	8'05 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if ins	litution: residence before admission)
	A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSP(TAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RI	IRAL and singer weether
INSTITUTION	Baltimore	SIXE ON GIVE ON THE
10 Long Green Nursing Home	D. STREET ADDRESS (If rurol, give location)	
10 200	4410 Sedawick Road	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. (f Under 24 His.
WIDOWED, DIVORCED (specify)	June 21, 1921 lost birthdoy 46	If Under 1 Yr. (f Under 24 His. Months Doys Hours Min.
female white married 102 USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUST		No CUTTON OF
done during most of working lile, even if retired)		12. CITIZEN OF WHAT COUNTRY?
Housewife	Baltimore, Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward Kines	Mildred Rohrbach	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	James J. Primus	
no 215144243		same
18. / 7/X I CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Colored Colored	
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	ARCINOMA OF THE CERVY; POST I KRADIATION TREATMEN	7/16/66
healt failure, asthenia, etc. It means the disease,	(POST I KRADIATION / LEATMEN	T) IYR + 7 mos
injury ar camplication which caused death.)		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, if any, giving		
uise to the above cause (A) stating the (C)		
11		
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	m)	,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE MULTIPLE	METHSTATICKETSON + HEPATIME	GARY 14R.
U 19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED
= 3/11 + 5/23/67 WAS PERFORMED OF COX VIX	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	in or obout 21 C. WHERE DID (If in Boltimore	City, give exact location)
▼ DEATH (notify medical examiner) (etc.) etc.)	office bldg., INJURY OCCUR?	
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not W		
Work AI Wo		
22. I certify that (I) (this hospital) attended the deceased fram	3/16/66 19 to 1	1/5/67 19
that (I) (we) last saw the deceased alive an 11/3/6	7 and that in (my) (aur) apin	ian death accurred an the date
and hour and fram the causes stated abave. (1) (We) (did) (did nat		
23A. SIGNATURE	4	23B. DATE SIGNED ,
M.D. A	Attending Med. Stoff Phys.	11/6/67
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS 8523 LOCH RAVEN BE	UP.
JOHN NO HEBB I'D M.	BALTO. 21204	M_D .
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION (City	, town, or county) (Stole)
entombment 11-8-67 Lorraine Maus	soleum Baltimore, M	ld.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NUV 6 1967 (2.C. & E. Jackey M. M.	Leonard J. Ruck, Inc	
VS 150-REV, 1/1/65	Levitara for tack, sice	20000010705

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BIRTH NO	5-340 6	7 10584	CERTIFICA	TE OF DEAT	H Registered No	67 10584
M.E. CAS	SE NO. OF DECEASED				E AND HOUR OF DEATH	н
Type or I	Print) Barbo	าก	Rede	/ Noi	1. 5, 1967	112:50 A
. PLACE	OF DEATH IN BALTIMORE, M.	ARYLAND	/ time blatime		(Where deceased lived, If	institution: residence before admission
FULL	NAME OF (If not in hospitol	or institution, give	street	Md.	Baltin	none Pa
	TAL OR oddress or locotic		311001	C. CITY OR TOWN	(If outside city limits, write	e RURAL ond give township)
20	0 110 1			Keurbouck		ore 21234 53-00
70	Gould (onvale	sarium		D. STREET ADDRESS	(If rurol, give location)	
					ford Road	
5. SEX	6. RACE	7. MARRIED, NEV	/ER MARRIED NORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
<i>gema</i>		widowed		Aug. 27, 188	6 87	
	AL OCCUPATION (Give kind of wo ig most of working life, even if retired)	rk 108. KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hou	sewife			Maryland		USA
3. FATH	ERS NAME	-		14. MOTHER'S MAIDEN	NAME	
N	lichael Kirleir	2.		Mary Noppe	enberger	
S. Wos [Deceased Ever in U. S. Armed Forunknown) (If yes, give wor or do	rces? 16.	SOCIAL	17. INFORMANT	0	ADDRESS
nes, no or		2	20444063	Mars Anna	Roch	
18.	2601		CAUSE	F DEATH	Deck	INTERVAL BETWEEN
C	DISEASE OF CONDITION D	IRECTLY		111	. 00.1	ONSET AND DEATH
	LEADING TO DEATH		(A) Ale	alietes 1	ellitur	15 w
	s daes nat mean the made a I failure, asthenia, etc, it mean		Design	00/		
	y ar camplication which cause		asseemen	11 toursol	rotic C/di	
	ANTECEDENT CAUSE	S	(B)	Lucional	rouc Grace	wasu
	ASES OR CONDITIONS, if		Cox	ling of All	a Prairie	
	ia the abave cause (A) DERLYING CONDITION last.	slaling lhe	(000	way july	onware	1966
	11			IRC	ero aralarle	7 1.166
Z OTH	ER SIGNIFICANT CONDITIONS		(A : 1)	1	A 01	
₹ DISE	THE DEATH BUT NOT REL EASE OR CONDITION CAUSING		Visket	is neur	ofally	
19A. [NDITION FOR WHICE	CH OPERATION	20 A. AUTOPSY? (Yes	OF NO. 20B IF YES WER	E FINDINGS CONSIDERED AUSES OF DEATH?
E C				NOV		
OP C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	home, fo	orm, foctory, street, (in or obout 21 C. WHERE D office bldg., INJURY OCCL	IR?	ore City, give exact location)
U	TH (notify medical examiner)	etc.)				
21 D. OF II	TIME (Month) (Doy) (Yeor		URY OCCURRED		D INJURY OCCUR?	
(APP	ROX.)	While A Work	Not Wh		11	2
22. 1	certify that (1) (this hospite	el) attended the d	eceased fram	Doci //	19/00 10	200, 5 1961
1	(I) (we) last sow the deceas		1.	4 19627 0	nd that in (my) (pinian death accurred an the de
	haur and fram the causes st			, ,		
	SIGNATURE O		-7 (0.0) (0.0 1101)	view ine budy direct de	WIII 6	23 B. DATE SIGNED
1	# Van Kan Day	00/	M.D. At	lending Med.	Stoff Phys.	MANG 1067
23 €	ANY SIGNAMES /		Ph	23D. ADDRESS		10010,1901
14	NAME (Type) D. D. D. D.	111	M.D.	11716 HA	DEODA	Maltimore
24A, RUD	HAL CREMATION, 248, DATE	24C NAME	of CEMETERY OF CE	TOPY	THOK DUE	City, town, or coylly) (Stote)
REM	AOVAL (Specify)	- 100 0				
	ial 11-8.			tery	Baltimore,	
ZSA, DAI	TE REC'D BY HEALTH DEPT.	25 B. NAME OF R	View Mall	2SC. FUNERAL DIRE		ADDRESS M
10.10-	101 0 1001 1000	40 C' 400		Leonara	f. Muck, Inc	c Baltimore, Md.
's ISO-R	EV. 1/1/6S					



BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) WILLIAM HARRISON TURNER 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR oddress or locotion) UNIVERSITY HOSPITA BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 10585 2. DATE AND HOUR OF DEATH 1
1. NAME OF DECEASED (Type or Print) WILLIAM HARRISON TURNER 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR Oddress or locotion) WILLIAM HARRISON TURNER 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmiss B. COUNTY MARYLAND C. CITY OR TOWN III outside city limits, write RURAL and give township) Summit HAGERSTOWN D. STREET ADDRESS (If rurol, give locotion)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION ON IN ERSITY HOSPITAL D. STREET ADDRESS (If rurol, give locotion) ON IN ERSITY HOSPITAL D. STREET ADDRESS (If rurol, give locotion)
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street hospital or oddress or location) INSTITUTION ONIVERSITY HOSPITAL D. STREET ADDRESS (If rurol, give location)
FULL NAME OF HOSPITAL OR oddress or location) UNIVERSITY HOSPITAL D. STREET ADDRESS (If rural, give location) Wash. C. CITY OR TOWN III outside city limits, write RURAL and give township) Summit HAG ERSTOWN D. STREET ADDRESS (If rural, give location)
HOSPITAL OR oddress or locotion) INSTITUTION UNIVERSITY HOSPITA D. STREET ADDRESS (If rurol, give locotion)
UNIVERSITY HOSPITA (D. STREET ADDRESS (If rurol, give locotion)
209
Summit
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min
MALE WHITE MARRIED 812/32 35
A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) The during most of working life, even if retired) WHAT COUNTRY?
TRUCK PRIVER HARRISS Motore Exp. MARYLAND US
FATHER'S NAME
PAUL TURNER MAMIE WIOLE COOK.
5. Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 117. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.
no 21-28-5658 / 185 leggy Murner
DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH 299 Summit 17 VZ INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH ON FILEY SOME MALE CONDITION DIRECTLY
(This does not mean the made of dying, e.g., DUE TO
heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)
injury or camplication which caused death.) ANTECEDENT CAUSES (B) Whateverbya Remainme 2 6 A
DISEASES OR CONDITIONS, if ony, giving
rise la the abave cause (A) slating the (C)
UNDERLYING CONDITION last,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED
10/24/67 WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., NJURY OCCUR?
DEATH (notify medical examiner) etc.)
O 21D. TIME (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR?
OF INJURY ⟨APPROX.⟩ While At □ Not While □
(APPROX.) Work At Work
22. I certify that (I) (this hospital) attended the deceased from 10/20 1967 to 11/11 196
22. I certify that (I) (this hospital) attended the deceased from 10/20 1967 to 1/1/1 196 that (I) (we) last sow the deceased alive an 1/1/1 196 and that in(my) (aur) apinion death accurred an the
22. I certify that (I) (this hospital) attended the deceased fram 10/20 1967 to 11/1/ 196 that (I) (we) last sow the deceased alive an 11/1/ 196 and hour and fram the causes stated above (I) (We) (did) (did not) view the body after death.
22. I certify that (I) (this hospital) attended the deceased from 10/20 1967 to 1/1/1 196 that (I) (we) last sow the deceased alive an 1/1/20 and that in(my) (aur) apinion death accurred an the and hour and from the causes stated above (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED
22. I certify that (I) (this hospital) attended the deceased from 10/20 1967 to 11/1/ 196 that (I) (we) last sow the deceased alive an 1/1/ 19 6 and hour and from the causes stated obave (I) (We) (did) (did not) view the body after death.
22. I certify that (I) (this hospital) attended the deceased from 10/20 1967 to 17/1 196 that (I) (we) last sow the deceased alive an 11/1 1967 and that in(my) (aur) apinion death accurred an the and hour and from the causes stated above. (I) (We) (aid) (did not) view the body after death. 23A. SIGNATURE M.D. Attending Med. Stoff Phys. 23B. DATE SIGNED 123D. ADDRESS
22. I certify that (I) (this hospital) attended the deceased from 10/20 1967 to 17/1 196 that (I) (we) last sow the deceased alive an 11/1 1967 and that in (my) (aur) apinion death accurred an the and hour and from the causes stated above (I) (We) (aid) (did not) view the body after death. 23A. SIGNATURE M.D. Attending Med. Stoff Phys. 23B. DATE SIGNED Phys. Director Phys. 24B/1/67
22. I certify that (1) (this hospital) attended the deceased fram 10/20 1967 to 11/1 196 that (1) (we) last sow the deceased alive an 11/1 196. To and that in(my) (aur) apinion deoth accurred an the and hour and fram the causes stated above. (1) (We) (aid) (did not) view the body after death. 23A. SIGNATURE F. C. PSSWAM, F. M.D. Attending Med. Stoff Phys. 123B. DATE SIGNED 23C. PHYSICIAN'S NAME (Tyge) F. C. PHYSICIAN'S NAME (Tyge) M.D. WWW HOSP - Baltawore 2120/
22. I certify that (I) (this hospital) attended the deceased from 19.7. and that in (my) (aur) apinion death accurred an the and hour and from the causes stated above (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. Water Hosp Baltware 2120/ 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stores)
22. I certify that (I) (this hospital) attended the deceased fram 10/20 1967 to 11/1 196 that (I) (we) last sow the deceased alive an 11/1 1967 and that in(my) (aur) apinion death accurred an the and hour and fram the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Med. Stoff Phys. Phys.
22. I certify that (I) (this hospital) attended the deceased from 10/20 1967 to 11 196 that (I) (we) last sow the deceased alive an 11/1/1 1967 To and that in(my) (aur) apinion death accurred an the and hour and from the causes stated above (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE M.D. Attending Med. Stoff Phys. Stoff Phys. Baltimore 123B. DATE SIGNED 23C. PHYSICIAN'S MAME (Type) PARCOLULA GENATION, 24B. DATE 24C. NAME of CEMETERY of CREMATION (City, town, or county) (Stored Physical Control of County) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATION (City, town, or county) (Stored Physical County) Page 141 11 167 Rest Haven Cemetry Hagestown Washes Md.

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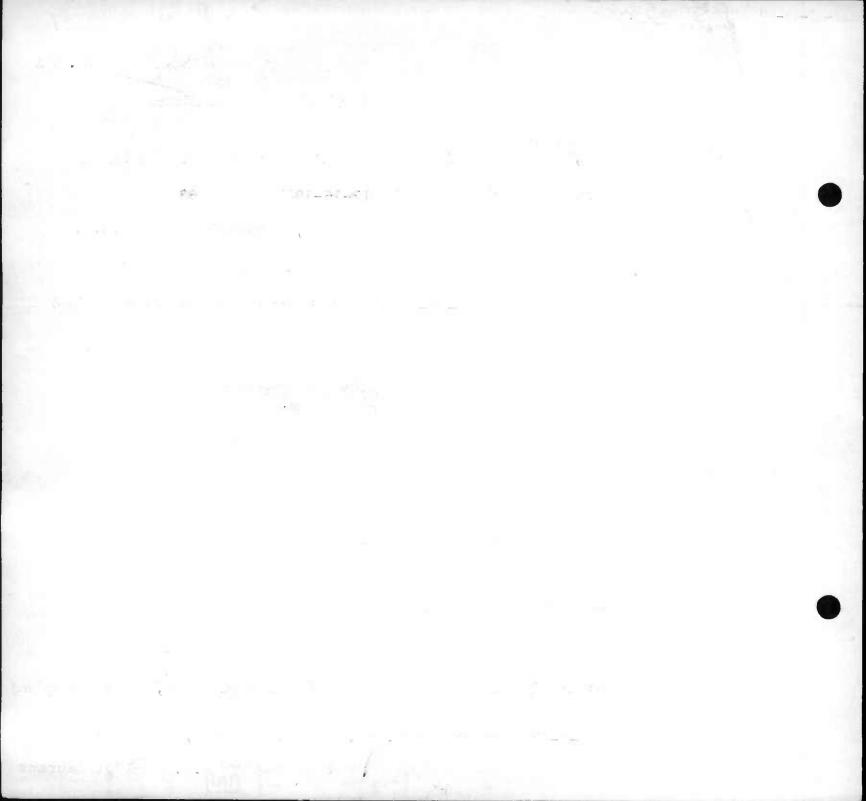
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BALTIMORE CITY	HEALTH DEPARTMENT
NO. 67 10587CERTIFICA	TE OF DEATH
ME OF DECEASED	2. DATE AND HOUR OF DEATH
or Print) SCOTT, TACK LOUIS	11/5/67 10 AM 10.20 A M.
ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
ILL NAME OF (If not in hospital ar institution, give street oddress or location)	Maryland Baltimore () C. CITY OR TOWN (If outside city limits, write RURAL and give township)
STITUTION Baltimore City Hospitals	C. CITY OK TOWN (If outside city limits, write KUKAL and give township)
4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give location)
Baltimore, Maryland 21224	
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
ale Negro Married	12-16-1903 63
JSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working lite, even if retired)	
ATHER'S NAME	14. MOTHERS MAIDEN NAME
UNK.	UNK.
as Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Records: BCM-4940 Eastern Avenue 21224
B./ (3 X I CAUSE O	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	metastetre Ex° car primarele
This does not mean the mode of dying, e.g., DUE TO	metastate Ex Car sulinguelle
njury or complication which caused death,)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
ise to the obove couse (A) stoting the (C)	
UNDERLYING CONDITION lost.	
II adevence	where present courthalfetuelog- at least, year.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ASCID YAS	centificace disease Told DUM extracts from
DISEASE OR CONDITION CAUSING IT.	ideal Rhempelines.
9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes & No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO
PLA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of	
DEATH (notily medical examiner) etc.)	moo stage, mooking a death.
TD. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
APPROX.)	
2. I certify that (1) (this hospital) attended the deceased fram	11/2 1967 to 11/5 1967.
hot (1) (we) last saw the deceased alive on	
and hour and from the causes stated obave. (1)(We) (did) (did not) v	
3A. SIGNATURE	23 B. DATE SIGNED
leaned hippinan M.D. Atte	ending Med. Stoff Phys. \ // \ // \ // \ // \ // \ // \ // \
3C. PHYSICIAMS Leonard Lippman	23D. ADDRESS /Q/O Factom Arranga Rollingra Marriana
4	BALTIMORE CITY HOSPITAL
CEONALD CIPPINI	
REMOVAL (Specily)	
BURIAL 11-8-67 Arbutus Mem.	pk. Arbutus, Maryland
DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NUV 6 1961 Of Centre E. Jankey M.R.	MORTON & DYETT F.H. 1701 Laurens
50-REV. 1/1/65	
50-KEV. 1/1/65	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. ing cause of death cause; (5) Deceased attendance on the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH RESIDENCE (Where deceosed lived. If institution: residence before admission) B, COUNTY (Type or Print) William S. Palmer 6:10 a.m.m. death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND or contributing cause Talbot. (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION Wittman prior D. STREET ADDRESS (If rural, give location) The Johns Hopkins Hospital (4) Undetermined in regular 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Haurs : Min. S. SEX deceased Hours lost birthdoy) Male 9/17/67 15 Infant Negro 12. CITIZEN OF WHAT COUNTRY? 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence F. Palmer Ethel A. Bowman death 0 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance fracture of any CAUSE OF DEATH INTERVAL BETWEEN pronounced ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It meons the disease, emba 10 injury at camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (3) rise to the above couse (A) stoling the physician UNDERLYING CONDITION lost. the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the WAS PERFORMED No. to the hospital by 218. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, farm, foctory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimare City, give exact lacation) where ° DEATH (notify medical examiner) any nature; MEDIC obtained 21 D. 11 ME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 9 OF INJURY (except Not While While At (APPROX.) At Work and Wark 22. I certify that 🗮 (this hospital) attended the deceased fram... 19 67 that (we) last saw the deceased alive an....and that in 🖅 (aur) apinian death accurred an the date eath) o hospital and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. he body was released An accident 23A, SIGNATURE 23B, DATE SIGNED Attending Phys. Stoff Phy s M.D. Med. 0 Director L approval 0 23D. ADDRESS 23C. HYSICIAN'S prior Susan D. Stumbaugh at The Johns Hopkins Hospital M.D. was D.O.A. shows: (1) 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION eceased REMOVAL (Specify) 25C. FUNERAL DIRECTOR HEALTH DEPT 25B. NAME OF REGISTRAR VS 150-REV. 1/1/65

som hopmedon proces car donny does necharities 11/41 2 1/1/11 Till Suntanger H-524

67 10589 BALTIMORE CITY HEAL	TH DEPARTMENT
BIRTH NO. Butto. G, MMEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 11589
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) DAVID A HINKLE	November 4, 1967 11:25 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore Co. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	Dundalk 53.00
Baltimore City Hospital (DOA)	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	3474 Dunhaven Road 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr, If Under 24 Hrs,
Male White WIDOWED, DIVORCED(specify)	9 OctoBER 967 Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	
13. FATHER'S NAME	MARYLAND U.S. A.
DONALD L. HINVIE	CONSTANCE M SPRENKLE
15. WA'S DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	CONSTANCE M. SPRENKLE
	ASIN #4 AND HIS ABOVE
IB. S S I	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Thte	erstitial pneumonitis (SDII)
(This does not meon the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	COURT PROGRAMMENT OF THE PROGRAM
ANTECEDENT : CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
Š	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TIPA, DATE OF OPERATION 1798, CONDITION FOR WHICH OPERATION WAS PERFORMED	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes Yes
21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, cetc.)	in or about 21C. WHERE DID (If in Baltimore City, give exact location) ffice bldg., INJURY OCCUR?
Z 21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) m. WHILE AT NOT WORK AT W	WHILE ORK
22. I certify that I held an Inquiry Inspection Aut	rapsy \overline{X} ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suicid	
ACTUAL Charles	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER November 5, 1967
NAME (Type) 23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY of CEM	
BURIAL 11/6/67 OAK hA.	WN BALTO, Co., Md.
NOV 7 1967 Coledo E. Fallonia	24C. FUNERAL DIRECTOR ADDRESS
VS 151-REV. 1/1/65	en strate browney . wer will.

La company at the same of the control of . 1. 人类对理性。 1 中国生成

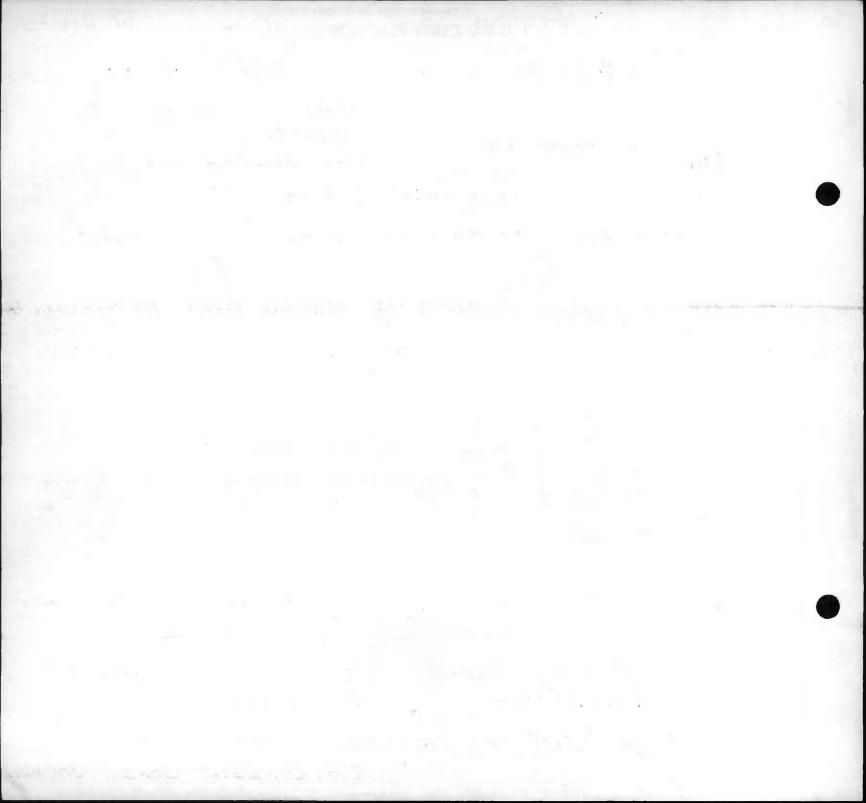
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

67 10	590 BALTIMORE CITY	HEALTH DEPARTMENT		67 10530
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	
1. NAME OF DECEASED (Type of Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND	Boy	2. DATE AN 2. DATE AN 4. USUAL RESIDENCE (Where A. STATE B. COUN)	D HOUR OF DEATH	1220 PM.
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or lacolian)	tian, givo stroot	c. city or town dif out	side city limits, write	RURAL and give township)
Bon Secours +	fospetal		ural, give lacotion)	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN dane during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	Baltinore	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		DOO O	AE R	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, givo war or dates of serv	security No.	17. INFORMANT	cafe	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the disc injury or complication which caused death.)		- Jan Haran		***
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives to the above couse (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, of otc.)	ar obaut 21 C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, give exact lacation)
Z1D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Wark Not Wark	21F. HOW DID INJU	JRY OCCUR?	
22. 1 certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	an 11-5 h	1967 and the	9 67 ta ((-9	pinion death occurred an the date
ond haur and fram the couses stated above 23A. SIGNATURE		nding Mod.	Staff Phys.	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	ashem M.D.	B-S-H		
Pleneal (1/6/6)	AC. NAME OF CEMETERY OF CRE	241 /	reefo	City, town, or county) (State)
NOV 7 1967 (25. NA VS 150-REV. 1/1/65	ME OF REGISTRAR REMAINS	25C. FUNERAL DIRECTOR	Henry K	e boolseller

Entitle State

		Y HEALTH DEPARTMENT	. 67 10591
BIRTH NO. 67	10591 CERTIFICA	ATE OF DEATH Registered	No. 07 10001
1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATH
James H. Barre	tt	11/3/67	9.35 a.m. M.
3. PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	. If institution: residence before admission)
FULL NAME OF (If not in hospital or oddress or location) INSTITUTION	institution, give street	C. CITY OR TOWN (If outside city limits, v	write RURAL and give towarhip)
Edgewood Nursing	Home	D. STREET ADDRESS (If rurol, give locotion	2/-/6
		6000 BELLONA	AVE
M W	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Never Married	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work) lane during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PRINTER	AS. ABELL CO	MD.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	, , , , , , , , , , , , , , , , , , , ,
5. Was Deceased Ever in U. S. Armed Force (es, no or unknown) (If yes, give wor or dates		17. INFORMANT	ADDRESS
UNK		S BERNARD TUDER	116 DOME ASTER
18. // 2 2 1 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CTLY		ONSET AND DEATH
LEADING TO DEATH	(A) A/2	ferioseleratic cardio	- 5+ years
(This daes not mean the made of a heart failure, asthenia, etc. It means t	lying, e.g., DUE TO	rascular disease, pur	ul 1
injury ar camplication which caused a	leath.)		
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if an			
underlying condition last.	stating the (C)		
11			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.		11' 6	
	- Jack	Hates premouonea	2 days
19A. DATE OF OPERATION 19B. COND	THON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Bol office bldg., INJURY OCCUR?	llimore City, give exact lacation)
21D. TIME (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh		
22 1 - 25 1 - 70 71 - 1 - 2 1			Many 2 in
22. I certify that (I) (this hospital)		3 1967 and that in (my) (our)	Mar 3 1967
			opinion death accurred on the date
ond hour and from the couses state 23A. SIGNATURE	d obove. (!) (We) (did) (did not)	view the body ofter death.	loop DAYS SIGNISH
/2/	77/11 /M.D. AI	tending Med. Staff	23B, DATE SIGNED
Spederick	Collegeer Ph	ys. Director Phys.	Nov 3, 1967
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
	1mer M.D	0200 -0110 -0000	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	(City, town, or county) (State)
BURIAL 11/6/6	NEW CATHE	DRAL BALTO.	MO.
		DRAL BALTO, 25C. FUNERAL DIRECTOR J. G. CONNELLY	ADDRESS
NUV 7 1967 (Robert E. Jarber M. A.	J.G. CONNELLY	SONS 300MA
'S 150-REV. 1/1/65			



67 10592 BALTIMORE CITY HEALTH DEPARTMENT

RIPTH NO

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 10592

	CASE NO				
-	CASE NO.		2. DAT	E AND HOUR PRONOUNCED DEA	AD
(Ty	pe or Print)	HOT BROOK			
3 1	WANDA LACE IN BALTIMORE, MARYLAND, W	HOLBROOK	A. USUAL RESIDENCE (W	November 6, 1967	residence before admission)
J	EASE III BALIMONS, MANIENDS, W	THE TROTTO OTTOED BEAT		Where deceased lived. If institution: B. COUNTY	
FUI	L NAME OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland	outside corporate limits, write RURA	L and give township)
IN 2	SPITAL OR ADDRESS OR LOCATITUTION	AHON)			211-04
1 :	3		Baltimo		27
	South Baltimore Gen	eral Hospital (DOA)	D. STREET ADDRESS (If	rurol, give locotion)	
21			1507 Li	ight Street	
5. 5	EX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Un lost birthdoy) Mont	nder 1 Yr. If Under 24 Hrs. ths, Doys Hours Min.
F	emale White	WIDOWID, DIVORCED (specify)	1N25/10	9/	13 20,3 110013 171111
		k 108. KIND OF BUSINESS OR INDUSTRY	YIII. BUTHPLACE (State, or	foreign country) 12, C	ITIZEN OF
	during most of working life, even if retired)		06.		HAT COUNTRY?
1	TOUSEWIFE		14. MOTHER'S MAIDEN I		7.0.7.
13.	TAIHER'S NAME		14. MOTHER'S MAIDEN	AME	
	NUSCOE SO	uders	E1510 1	POWERS -	11 - :
	WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	#7 0814	At CIRCLE
(Te	, no or unknown) (If yes, give wor or dote	s of service) SECONTI NO.	Thoston s	aulan Palt	919-7
-	100		CHICSTER	DUNERS DIAIT	O. ZIZO
	18.3/8.3 1	CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY			
	LEADING TO DEATH (This does not meen the mode of	(A) Cachex	ia Nervosa	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	heart failure, ostherio, etc. It means injury or complication which coused	dying, e.g., DUE TO			
	Injury or complication which coused	dedin,			
	ANTECEDENT · CAUSE	·\$			
	DISEASES OR CONDITIONS, IF A		*****************		4-40
	UNDERLYING CONDITION LAST.				
Z		(C)	***************************************		******************************
ERTIFICATION	II				
S	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE				
ᄩ	DISEASE OR CONDITION CAUSING		aaavvvavbuoovouuvoooovouoooooooo		
E.		NDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes a	No) 20B. IF YES, WERE FINDING	
O	WAS PER	RFORMED	No	IN CERTIFING CAUSES OF	DEATH:
×	21A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE D	OID (If in Bultimore City, give exo	ct location)
E	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, form, foctory, street, etc.)	onice bidg., INJURI OCCU	K:	
Σ	21 D TIME (Month) (Doy) (Yeo	on (Hour) 21E. INJURY OCCURRED	DIE HOW DID	INJURY OCCUR?	
	OF INJURY			INJURI OCCUR:	
	(APPROX.)	m. WHILE AT NOT AT W	WHILE O		
	22. I certify that I held an I	Inquiry Inspection X Au	tapsy and that a	on this basis, death in my api	nian
	resulted fram: Natural ca	Accident Suicid		Undetermined manner	
	11100 00	162 -		L EXAMINER	DATE SIGNED
	ACTUAL SIGNATURE	M. 7mc M.D	ASSISTANT MEDICA	L EXAMINER XX	
		U. Skitz, M.D.	ASSOCIATE MEDICA	L EXAMINER	11/6/67
	NAME (Type)	1)			
	BURIAL CREMATION, 238. DATE	23C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City, town,	or county) (State)
RE	MODAL (Specify)	167 Rolf	NATIONAL	Kattingon	MIS
24	A. DATE REC'D BY HEALTH DEPT.	DAR NAME OF PECKTRAD	24C. FILMEDAL DIDE	CTOP ON ONE	ADDRESS
241	BLOLD TO	A STANKE OF REGISTRAR	A PIKE	7	1 1
	NUV 7 1967	Robert E. Farley M. B.	111/11/11	1 130 F FAD	+ H1/e.
1	161 per/ 1/1//6	1	1.100011	I OR	1 1100

754/54/1 Pg 70/9/9/ A Secretary of the secr The seal of the tradition of the seal that is a second

67 10593 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 10593

M.	CASE NO.							
1. I	NAME OF DEC		N 0 1	NO		2. DATE AN	D HOUR PRONOUNCE	D DEAD
		RC					mber 1, 1967	1711
3. P	LACE IN BALT	IMORE, MARYLAND), WHERE PRONOT	UNCED DEAD	4. USUAL RE	SIDENCE (Where Maryland	deceosed lived. If insti- B. COU	tution: residence before odmission) NTY
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITUTE	UTION, GIVE STREET	C. CITY OR	TOWN (If outsid		RURAL ond give township)
C	0 1415	Hollins S	Street		D. STREET A	Baltimore DDRESS (If rurol, 1415 Hol)		
5. S	Male	6. RACE White		NEVER MARRIED DIVORCED (specify) Led	B. DATE OF B	2,1928	9. AGE (In years lost birthday) 39 **X	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	Steel	JPATION (Give kind o working life, even if reti Worker	/has	tegi Co.	Sou	th Card	olina	12. CITIZEN OF WHAT COUNTRY?
	Odom W		AAED EORCES?	16. SO CIAL	Daise	V. Wi	gington	ADDRESS
		(If yes, give wor or		SECURITY NO			ng 346 S.Si	mallwood St.
ERTIFICATION	heart failure, injury or corr A DISEASES (RISE TO TH UN DERLYIN OTHER SIGN	not meen the mod osthenio, etc. If replication which country of the conditions, and the conditions of the conditions of the condition of the c	uses the discose, sed deoth.) USES IF ANY, GIVING A) STATING THE AST. ONS CONTRIBUTIONS	(B)			iovascular d	
CERTIF	DISEASE OF	OPERATION 198,	ISING IT.	WHICH OPERATION	20A. AUTO		20B. IF YES, WERE FIN	ES OF DEATH?
	UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C	. WHERE DID		es ve exoct locotion)
	21D TIME OF INJURY (APPROX.)	(Month) (Doy)		WHILE AT NOT	WHILE WORK	ILNI DID WOH	JRY OCCUR?	
	ACTUAL SIGNAT EXAMIN	URE Char	I couses X	Inspection A	de Hom CHIEF D. ASSISTANT		CAMINER X	DATE SIGNED
	NAME (* BURIAL CREA AOVAL (Specify	MATION, 23B. DAT		C. NAME of CEMETERY		23D. L	OCATION (City,	vember 2, 1967 town, or county) (Stote)
	Burial			rest Lawn (24C. FUN	VERAL DIRECTOR		ADDRESS
140	151-REV. 1/1/	UV 7 1967	Tobut	E. Farber, M. B.	Walt	ters Fur	neral Home	Pratt&Stricke Sts.
VS	131=KEV. 1/1/	60	1					

AND SELECTION OF THE PROPERTY OF THE PARTY O Delta V. V. 12 Marcon ten Later Pilliana voncent Con-te-102 . One parameters . I me to a maked hill be a said.

NAME OF DE		CERTIFIC			
			2. DATE AN	HOUR OF DEATH	15
Type or Print)	Benedict Mad		11/3	3 /67	10- jo M.
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	A. STATE B. COUN	e dečeosed lived. If institu TY	ution; residence befare admission)
FULL NAME	OF (If not in hospital	or institution, give street	Maryland		a.a. co
HOSPITAL OF	re City Hospit	"'] -	C. CITY OR TOWN (If outs	ide city fimits, write RUR	AL and give township)
	stern Ave.	ALS	Baltimore D. STREET ADDRESS (If r	urol, give location)	CAMCOSE DE
	re, Maryland	4 2122/			marose Ave.
SEX	6. RACE	7. MARRIED. NEVER MARRIED	B. DATE OF BIRTH		f Under 1 Yr. , If Under 24 Hrs.
Male	White	widowed, DIVORCED (specify) Married	9/26/92	ost birthdoy) M	lonths Doys Hours Min.
	CUPATION (Give kind or wor if working life, even if retired)	108, KIND OF BUSINESS OR INDUST	RT 11. BIRTHPLACE (State or foreig	in country)	2. CITIZEN OF WHAT COUNTRY?
Re	tired		Poland		U.S.A.
Re 3. FATHER'S N.	ME	•	14. MOTHER'S MAIDEN NAM	1E	
John M	aciejczyk		Mana		
5. Was Deceas	od Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS
No	TILL YES, GIVE WOT OF GOT	232-09-4191	Bch: Records 49	40 Eastern Av	re. Baltimore, Md.
18.	3 21		OF DEATH	TO MONTH IN	INTERVAL BETWEEN
000	ASE OR CONDITION DI			11	ONSET AND DEATH
2.02	LEADING TO DEATH	(A) 1/1	Imonary ins	Miciena.	30 m.
	nat meon the mode of , asthenia, etc. It meons	dying, e.g., DUE TO		7/	
	emplication which coused	deoth.)			7
	ANTECEDENT CAUSES	(B)	Uncono		so yro.
	OR CONDITIONS, if	any, giving	1-+	1. 1.	1000
	he above couse (A) NG CONDITION last.	sloting the (C)	une cron	inho	(any
					-
OTHER SIG	11 NIFICANT CONDITIONS (CONTRIBUTING			
O THE	DEATH BUT NOT REL	ATED TO THE			
A DISEASE O		IDITION FOR WHICH OPERATION	7887	208 IF YES WEDE FINE	
19A. DATE	OF OPERATION 198. CON	FORMED	20A. AUTOPSY? (Tes or No.	IN CERTIFYING CAUSE	DINGS CONSIDERED
19A.DATE	WAS PER	FORMED	NO		
19A. DATE	ENT WAS UNDERLYING BUTING CAUSE OF	21B. PLACE OF INJURY (e., home, larm, foctary, street,	office bldg., INJURY OCCUR?		DINGS CONSIDERED SOF DEATH? ity, give exact location)
19A. DATE OF CONTRIDEATH (not	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)	21B. PLACE OF INJURY (e., home, larm, foctary, street, etc.)	NO p, in or about 21 C. WHERE DID		
19A. DATE OF CONTRIDEATH (not	ENT WAS UNDERLYING BUTING CAUSE OF	21B. PLACE OF INJURY (e., home, larm, foctary, street, etc.) (Hour) 21E, INJURY OCCURRED	office bldg., INJURY OCCUR?	(If in Boltimore Ci	
19A. DATE OF CONTRIDEATH (not	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)	21B. PLACE OF INJURY (e., home, larm, foctary, street, etc.) (Hour) 21E, INJURY OCCURRED	office bldg., 21F. HOW DID INJU	(If in Boltimore Ci	
19A. DATE (19A. D	ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer) (Month) (Day) (Year)	218. PLACE OF INJURY (e., home, larm, foctary, street, etc.) (Hour) 21E, INJURY OCCURRED While A1 Not V	office bldg., INJURY OCCUR?	(If in Boltimore Ci	
DISEASE OF INJURY (APPROX.)	ENT WAS UNDERLYING BUTING CAUSE OF fy medicol exominer) (Month) (Day) (Year)	21B. PLACE OF INJURY (e., home, larm, foctary, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At Will attended the deceased fram	office bldg., INJURY OCCUR? 21F. HOW DID INJURY Ork	(If in Boltimore Ci	ity, give exect locotion)
21 A. ACCID OR CONTRI DEATH (not CAPROX.) 22. 1 certitate (1) (w	WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner) (Month) (Day) (Year) Ty that (1) (this hospital e) last saw the deceas	218. PLACE OF INJURY (e., home, larm, foctary, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not V Work A1 W. 1) attended the deceased fram ed alive an	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If in Boltimore Ci	ity, give exect locotion)
21A. ACCID OR CONTRIDEATH (not CAPPROX.) 22. 1 certitate (1) (w	WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner (Month) (Day) (Year) Ty that (I) (this haspita e) last saw the deceas nd fram the causes sta	21B. PLACE OF INJURY (e., home, larm, foctary, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Work At Will attended the deceased fram	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If in Boltimore Ci	ity, give exect locotion)
DISEASE OF 19A. DATE OF 19A. DA	WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner (Month) (Day) (Year) Ty that (I) (this haspita e) last saw the deceas nd fram the causes sta	218. PLACE OF INJURY (e., home, larm, foctary, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not V Work A1 W. 1) attended the deceased fram	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 and the ork of the bady after death.	ORY OCCUR? 1 ta	ity, give exoct locotion) 19 67 In death accurred an the date
DISEASE OF 1994. DATE OF 1994. DATE OF CONTRIDEATH (not DEATH (not	WAS PER ENT WAS UNDERLYING BUTING CAUSE OF (y medicol exominer) (Month) (Day) (Year) Ty that (1) (this haspita b) last saw the deceas and fram the causes sta	218. PLACE OF INJURY (e., home, larm, foctary, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not V Work A1 W. 1) attended the deceased fram	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY of the body after death. Attending Med. Director Director	ORY OCCUR? 1 ta	ity, give exoct locotion) 19 67 In death accurred an the date
DISEASE OF STATE OF S	WAS PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner (Month) (Day) (Year) (y that (I) (this hospital b) last saw the deceas and fram the causes stature (URE LAN'S (Type)	218. PLACE OF INJURY (e.c.) 218. PLACE OF INJURY (e.c.) (Hour) 21E. INJURY OCCURRED While At Not Work 1) attended the deceased fram ed alive an (1) (Ma) (did) (did nate) M.D.	while 21F. HOW DID INJURY OCCUR? And the ork 21F. HOW DID INJURY OCCUR? And the ork 21F. HOW DID INJURY OCCUR?	ORY OCCUR? 14 in Soltimore Ci	ity, give exact location) 19 67 In death accurred an the date 38. DATE SIGNED
DISEASE OF THE STATE OF THE STA	was PER ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner (Month) (Day) (Year) (y that (I) (this hospital e) last saw the deceas and fram the causes state (URE LAN'S (Type) M. Levinsohn	218. PLACE OF INJURY (e.s. home, larm, foctary, street, etc.) (Hour) 21E. INJURY OCCURRED While A1 Not V Work A1 W. 1) attended the deceased fram	while 21F. How DID INJURY OCCUR? And the ork 21F. How DID INJURY OCCUR? 21F. How DID INJURY OCCUR? 21F. How DID INJURY OCCUR? And the ork 21F. How DID INJURY OCCUR? 21F. How DID INJURY OCCUR?	ORY OCCUR? 9 6 7 ta printa Stoff Phys. 123 Hospitals e. Baltimore,	ity, give exoct locotion) 19 67 In death accurred an the date 18. DATE SIGNED 14/3/6-7 Maryland #21224
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CP 4:75	BALTIMORE CIT	Y HEALTH DEPARTMENT		CM ADEAR
BIRTH NO. 67 105	CERTIFICA	TE OF DEATH	Registered No	67 10595
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	
Clara n. Lutle				2/5
3. PLACE OF DEATH IN BALTIMORE MARYLAND		//- 3	-6/	itution: residence before odmission
S. PEACE OF DEATH IN BALLIMORE, MARIEAND		A. STATE B. COUNT	y deceased lived. If inst	itution: fesidence before admission
FULL NAME OF (If not in hospital or institu	tion give street	MANUL AND		
HOSPITAL OR oddress or location)	iton, give street	C. CITY OR TOWN (If out	side city limits, write RL	JRAL and give township)
INSTITUTION		h		71-1
44		BALTIMORE		600
A MARIANT AND THE STATE OF THE		- 02	urol, give location)	
UNION MEMORIAL H	OSPITAL	4243 SPRI	NGWOOD A	VENUE
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
F-144 04 - 14 - 1	OWED, DIVORCED (specify)	5/10/78	ast birthday)	Monins Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	DOWED OF INDUSTRY	11. BIRTHPLACE (State or foreign	0 /	12, CITIZEN OF
done during most of working life, even il retired)	D 01 003111233 OK 111 D031 K	The state of total	gii coomiy,	WHAT COUNTRY?
HOUSEWIFE DO	MESTIC	MARYLAND		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
12		4		
BENJAMIN H. G	ARRETT	AMANDAT	VELSON	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
A J A	212-52-762	OT LINCOLT	1/ Ana	Seran Hickory
NO			IL ADMIS	
18. 4 20,1	CAUSE	DF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Access to the second second		
LEADING TO DEATH		TYOCARDIAL II	NFARCTION	1 40 MIN-
(This does not mean the mode of dying,	e.g., DUE TO	00 mm 00 mm 0 mm 10 mm 1		V
heart failure, asthenio, etc. It means the disc injury ar complication which caused death.)	eose,			
ANTECEDENT CAUSES	(B) C	DRONARY OC	CLUSION	40 MIN,
	DUE TO			
DISEASES OR CONDITIONS, if ony, g	ving A	STEPINCEL FOR	TIC AAAA	10-20 YEARS
UNDERLYING CONDITION lost.	(C)	VASCULAR	DISEACE	10 20 1-110
		VASCULAR	DIZENZE	
OTHER SIGNIFICANT CONDITIONS CONTRIB	LTING			
E TO THE DEATH BUT NOT RELATED TO	THE CL	HOLECYSTOPAT	-UV	40 YEARS
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.		NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	TOR WHICH OFERATION		IN CERTIFYING CAU	SES OF DEATH?
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OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
Z DEATH (notify medical examiner)	etc.)			
Ω 21D. TIME (Month) (Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUP?	
OF INJURY	While At Not Wh		oki occok.	
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) attend	led the deceased from	VOVEMBER 1	967 to NO1	1EMBER 3 1967
that (we) lost sow the deceased alive	on /VUVEFIDLIS	IY W ond the	of in (my) (our) opin	ion deoth occurred on the d
and hour and from the couses stated abo	ve. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE				23B, DATE SIGNED
B C AH	M.D. At	tending Med.	Stoff Phys.	11 2-17
Dic, Cathey	Ph		rnys. L	11-3-67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
B.E. Cathen	M.D.	UNION MEN	TORIAL L	TOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24	IC. NAME of CEMETERY or CI		CATION (City	, town, or county) (State)
REMOVAL (Specify)	er-nulau un-	oru lui	- 1111 1	MADILIAND
BURIAL 1000.6, 1967	VEKNON METH.	CEM. WHI	ME MALLIN	MKYHANP
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	. 1	ADDRESS
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UNION MEMORIAL HOSPITAL 423 SPAINSHIPS AVENUE

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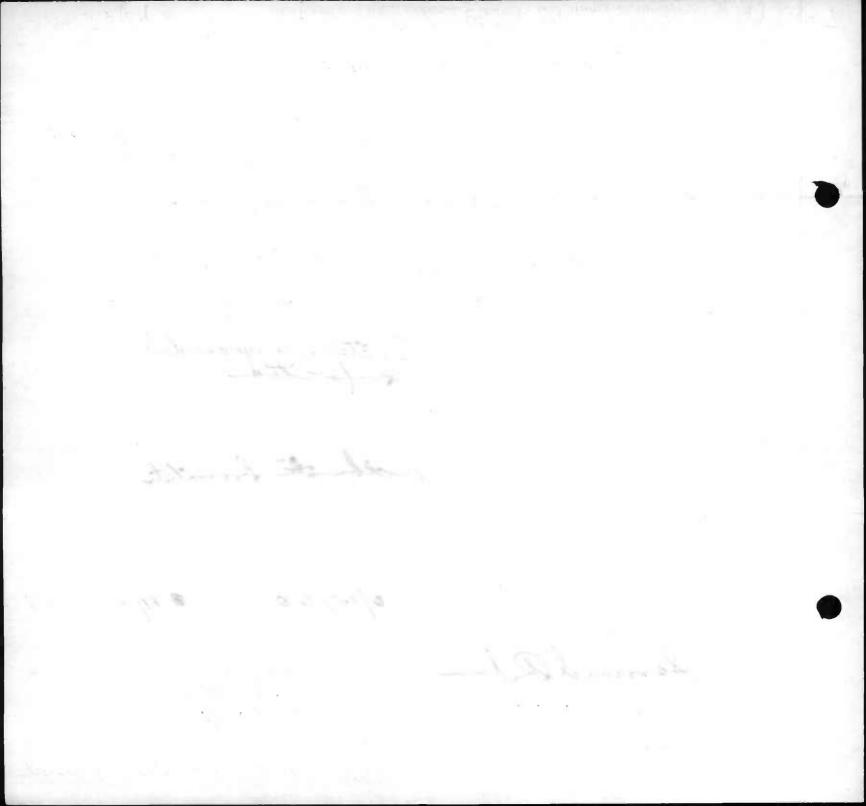
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B. E. Cottlang

UNION MEMORIAL HOSPITAL

M - 3 - 67

67 10596 BALTIMORE CITY HEALTH DEPARTMENT BEGISTERED No. 67 1	2500
CERTIFICATE OF DEATH	0596
M.E. CASE NO. 1. NAME OF DECEASED / 2. DATE AND HOUR OF DEATH	
(Type or Print) EINER LELOY LOWMAN 11-3- 63	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residen A. STATE B. COUNTY	nce before odmissi
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	52-00
INSTITUTION (IT obtained by the RUKAL on a give	township)
D. STREET ADDRESS (If rurol, give locotion)	7.06.1
311 652 408	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH P. AGE (In years lost birthday) Months; Doys	Hours Min.
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Sciler maker Whiting-luries hed.	
13. FATHER'S NAME	ĵ
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADD	DRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 214 01 2:38 FAMILY OF ME	,
18. A CAUSE OF DEATH INTER	RVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ET AND DEATH
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heart failure, osthenio, etc. 11 means the disease, injury ar camplication which coused deoth.)	
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DISEASES OR CONDITIONS, if ony, giving	
rise Ia The above cause (A) stating the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONDITION 20B.	SIDERED
WAS PERFORMED IN CERTIFYING CAUSES OF DEAT	H?
U 21A- ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.	ect locotion)
Q 21D, TIME (Month) (Day) (Year) (Hour) 21E, INTHRY OCCHREED 21E, HOW DID INTHRY OCCHR?	
OF INJURY While At Not While	
22. I certify that (I) (this haspital) attended the deceased fram 4/5/40 19 ta 8/1/3	1005
22. I certify that (I) (this haspital) attended the deceased fram Left 5 LeO 19 ta Left 3 that (I) (we) last saw the deceased alive an 19 and that in (my) (aur) apinion death ac	
and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	curred an the d
23A. SIGNATURE	SNED
M.D. Attending F Med. Stoff	
20C. PHYSICIAN'S 23D. ADDRESS	07
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION CHY, Town, OI COL	inty) (Stote)
REMOVAL (Specify)	
	ADDRESS
NOV 7 1967 Robert E. Farberta 14 (2/1 - 239 Vale	to See G
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Baby stay. -2-6 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY (If not in hospital at institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN outlide city limits, write RURAL and give towyship INSTITUTION mone D. STREET ADDRESS (Il rurol, give location) on or final disposition is made B. DATE OF BIRTH 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (Ih If Under 1 Yi. If Under 24 Hrs. Months Doys WIDOWED, DIYORCED (specify) lost birthdoy Hours 7 Newborn 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 4.8.5 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) 17. INFORMANT SOCIAL SECURITY NO. Same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH REMAT URI (This does not mean the made of dying, e.g., heart failure, osthenio, etc. It meons the disease, injury or complication which caused death. ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the the remains UNDERLYING CONDITION lost. Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 B. PLACE OF INJURY (e.g., in or obout 2 C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained OF INJURY (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED While At Not While (APPROX.) At Work 22. I certify that (I) (this hospital) attended the deceased fram 10 11/2/967 ... ond that in(my) (our) opinian death accurred an the date that (1) (we) last sow the deceased alive on... be and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE Attending M.D. Med. Stoll approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) deceased written ap DATE 24A. BURIAL CREMATION. (City, town, or county) REMOVAL (Specily) N 11-2-67 JOHNS HOPKINS HOSPITAL BA: TOMORE, MARYLAND
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR CREMATION VS 150-REV. 1/1/65

Laty of early off exten with the first will - COTHEN IN WEH 10-2-19 your mariny And They say Parter Specific (mother) - govern PREMAT ORITY 45 mms 1st know -31 W 12/11/2/ 42/01 wdos.6 Dewill John Hephin DERMOT CHELL , = --

VS 150-REV. 1/1/65



67 10599 BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	ATE OF DEATH Registered No. 57 11599
M.E. CASE NO.	2. DATE AND HOUR OF DEATH
William L. Stansbury	11-1-67 1005 +m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. II institution: residence belore odmission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	Maryland Harford C. CITY OR TOWN (If outside city limits, write RURAL ond give township)
123	Aberdeen 62-00
The Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give location) Route 2, Box 302
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 1/6/92 9. AGE (In years Months; Doys Hours Min.
Male Negro Newsket 108. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) (Herdeen Parmin Hern	Parameter 200 WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7	Con and Marine Ditt
John Stansbury 15. Wos Decessed Ever in U. S. Armed Forces? 16. SOCIAL	Grace Mary Pitt
(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 214-18-6032	Mr. Lo Por Stansbury Hore or Frey my
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSEI AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	umonia; pulmonary edents Soays
heart failure, asthenia, etc. It means the disease,	
injury or camplication which caused death.)	eble renal failure 2 weeks.
ANTECEDENT CAUSES OUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	me Systems home en- 2 years.
UNDERLYING CONDITION last.	iatoris-life syndrome.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Q
OF THE RIGHIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT.	of Surveying 20 to BPH 5-10 years
U 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of Nol. 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,	in or obout AC. WHERE DID office bldg., INJURY OCCUR?
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22. I certify that (I) (this hospital) attended the deceased fram	
that (I) (we) lost sow the deceased clive on 161-67	19 ond that in (our) opinion death occurred on the date
ond haur and from the causes stated abave. (1) (We) (did) (did not)	view the body offer deoth. 23 8. DATE SIGNED
A 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ttending Med. Stoff II - I - 67
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS
Christopher B. Merratt 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of C	Johns Hobran Hambury Daylo Wa.
REMOVAL (Specify)	1 ° 1 1 (Stote)
Durial Nov. 5, 1967 Union Methor	det Cemetery Uterdeen, Harford Co. Mcl.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
NUV? 1967 Rept E. Falleyma	I della & Bullock Have de Brace Ml.
VS 150-REV. 1/1/65	M - C - C - C - C - C - C - C - C - C -

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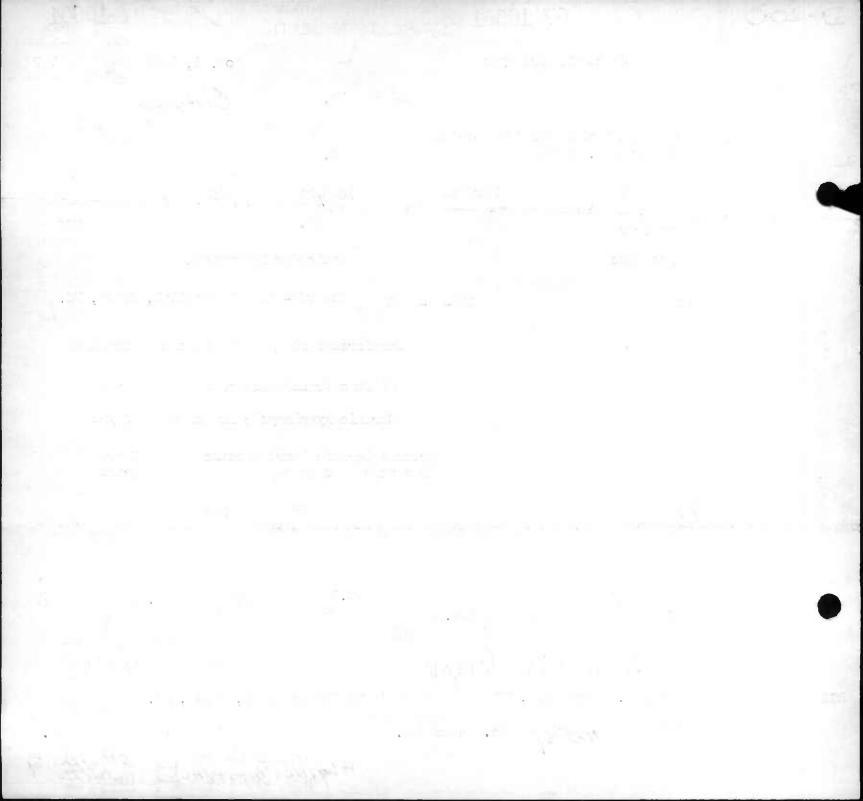
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. (4) Undetermined cause; (5) Deceased Such of death M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no Nov. 5,1967
RESIDENCE (Where deceased lived. II institution; residence belore admission) Rebecca E. Baker eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL COUNTY ance A. STATE Va. contributing cause (II not in hospital or institution, give street FULL NAME OF Ö HOSPITAL OR address or location C. CITY OR TOWN (If outside city limits, write RURAL and give towaship) attend INSTITUTION Norfolk D. STREET ADDRESS (If rural, give location) Long Green Nursing Home 802 Graydon Ave. regular is mad 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. eceased WIDOWED, DIVORCED (specily) lost birthday Hours Nov.15,1889 Female Whi te Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) Housewife Williamsport, Penna. U.S.A. Was 13. FATHER'S NAME direct the Thomas A. Updegraff Campbell Encie death LO kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no ar unknown) (II yes, give war or dates al service) SECURITY NO. attendance 220-46-8610 Mr. William T. Baker 1430 Park Ave. any pronounced INTERVAL BETWEEN 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. 11 means the disease, examiner. regular injury ar camplication which caused death.) uno ANTECEDENT CAUSES who 4 DISEASES OR CONDITIONS, if any, giving (3) rise to the above cause (A) stating the Ξ physician UNDERLYING CONDITION last. before the remains Mas burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED the IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED the body was released to the hospital by 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, factory, street, alfice bldg., INJURY OCCUR? where (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF å DEATH (notily medical examiner) etc.) any nature; MEDIC 21 D. TIME obtained (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While [While At (APPROX.) Work At Work and 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased olive on. and that in (my) (our) apinian death occurred on the date An accident of hospital death) and hour ond from the causes stated obove. (1) (We) (did not) view the body after deoth. must 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Stall 0 approval Phys. Director O 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) M.D was D.O.A. 3 24A. BURIAL CREMATION, eceased deceased written REMOVAL (Specify) shows: Burial Nov.7,1967 Forest Lawn Norfolk Va. 258. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

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approved by the chief medical examiner or his assistant if death

rect or contributing cause of death (4) Undetermined cause; (5) Deceased

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deceased prior to death); and (6) No physician was in regular attendance on

any nature;

was D.O.A. at a hospital

shows:

This certificate must be the body was released (1) An accident

prior to death. attendance

occurred in a hospital and

67 10602 BIRTH NO. Such

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered Na._

01	1060	2

I, NAME OF DECEASED			2. DATE AND HOUR OF DEATH	
	etta M. Screel		November 1, 1967	12:45A
3. PLACE OF DEATH IN BALTIMORE, FULL NAME OF (If not in hos) HOSPITAL OR oddress or loc INSTITUTION	AMENDE	6-67 C. CITY OR TO	B. COUNTY and (If autside city limits, write	nstitution: residence before odmission)
116 W. University	Parkway	D. STREET AD	more DRESS (If rural, give location) University Tarkex	au /2 0 1
5. SEX 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	B. DATE OF BIR		If Under 1 Ye If Under 24 Hrs
10A. USUAL OCCUPATION (Give kind of done during mast of working life, even if retin Secretary		on Maryle	und	12. CITIZEN OF WHAT COUNTRY?
Unknown			ine M. Scheel	
15, Was Deceased Ever in U. S. Armee (Yes, no ar unknown) (If yes, give war ar	forces? dotes of service) 16. SOCIAL SECURITY NO		nal rewrds	ADDRESS
DISEASE OR CONDITION	DIRECTLY	USE OF DEATH	etastatic lesions	known on set have a like the last of the l
UNDERLYING CONDITION last OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	S CONTRIBUTING RELATED TO THE			
19A. DATE OF OPERATION 19B.	condition for which operation performed extensive the ovaries with 1	N 20A. AUTOP Carcinoma metastatic ir RY(e.g., in or about 21C. V Street, affice bldg., INJUI	nplantations through the DID (If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH? ghout the abdomen The City, give exact location)
21D. TIME (Month) (Doy) (1) OF INJURY (APPROX.)	While At N	RED 21F. H	OW DID INJURY OCCUR?	
	eased alive an Oct.		19 67 ta	Nov. 1, 1967
23A. SIGNATURE Charlotte M 23C. PHYSICIANS	Carthy M.	D. Allending	Med. Stoff Phys.	23B, DATE SIGNED NOV. 2, 1967
NAME (Type Charlotte	McCarthy	м.р. 2919	St. Paul St. Balt	imore, Md. 21218
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify) Burial Nov.		ge (emetery	0.1 .11	City, tawn, ar county) (State) anyland
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNER	AL DIRECTOR Sons, To	owson, aryland.

1967

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1967 Druid Ridge Cemetery Pikesville,
258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
GOLDE E. Laberton, Sons, Burial Nov.
25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DÉPARTMENT Registered No. BIRTH NO. ssistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased Such on the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Georg 11/3/ 6 death. 3. PLACE OF DEATH IN BALTIMORE A. STATE B. COUNTY attendance FULL NAME OF (If not in hospital or institution, give street CITY OF TOWN HOSPITAL OR oddress or location) 0 General Baltimore South prior . Light D. STREET ADDRESS (If rurol, give location) Brookl 833 is made. in regular 7. MARRIED, NEVER MARRIED 9. ASE (In years 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specify) Tarricc 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) dane during most of working life, even if retired)
Stewart disposition Steamship 14. MOTHER'S MAIDEN NAME Was the 13. FATHER'S NAME 15. Was Decased Ever in U. S. Afmed Forces?
(Yes, no prunknown) (If yes, give war or dates af service) nestor assistant death no 6. SOCIAL final SECURITY NO attendance Family any CAUSE OF DEATH pronounced 10 6 or his DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner regular injury or complication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving ල rise to the obove couse (A) stoting the Ξ physician UNDERLYING CONDITION last. the remains Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. An accident of any nature; (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED 65 before the body was released to the hospital by shows: (1) An accident of any nature; (2) B 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING where home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF °Z MEDICAL DEATH (notify medical examiner) etc. obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While [(APPROX.) At Work and Work 22. I certify that (#) (this hospital) attended the deceased from 11/3/6 1020 1113/67 that (2) (we) lost sow the deceased alive on. death) hospital certificate must be and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE Attending Med. M.D. Phys. 10 Phys. Director approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS ţ M.D. Dr. Colvin 121 was D.O.A. deceased written ap 24A. BURIAL CREMATION, 24B. REMOVAL (Specify) 24C, NAME of CEMETERY or CREMATORY 11/8/67 Burial Cedar Hill Cem AA 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

1050 PW 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give townshim If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? TISA ADDRESS Same INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacotion) ...ond that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED 30 Md ADDRESS

March - To Tage 1

Congestive Heart Fallers

Are to I so Heart Actions

Diebetes weelling

Major Calalin Calalin

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67 10604 BALTIMORE CITY HEALTH DEPARTMENT

IRTH NO.	MED	ICAL EX	AMINER'S	CERTIFICATE OF	DEATH Register	ed No. 67 1060
M.E. CASE NO.	FACED			lo mare a	NE HOUS BROWSHINGS	D DCAD
Type or Print)			DADGONG		ND HOUR PRONOUNCE	
JACK	Steven		PARSONS		ember 5, 1967	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			A. STATE Maryland	B. COU	NTY Q. Q. Commission	
TULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOC	ATION)	JIION, GVE STREET	C. CITY OR TOWN (If outs	side carpoiote limits, write	RURAL and give (awnship)
3 South B	altimore Ger	neral Ho	spital	D. STREET ADDRESS (If run 315 - 6th A	al, give location)	clyn Park
S. SEX	6. RACE	7 AA ABBIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr, If Under 24 Hrs.
Male	White		DIVORCED (specify)	5/25/19	lost birthdoy	Manths Days Haurs Min.
	PATION (Give kind of wa	rk 108. KIND OF	BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		U. S.	Gov't	Maryland		U. S. A.
Louis	Parsons			Mamie Card	ME	
S. WAS DECEASED	EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no ar unknawn)	(If yes, give war ar dat W W 2	tes of service)	SECURITY NO.	Mrs. Marjorie	Parsons 3	15 6th Ave.
heart failure, injury ar com A DISEASES (RISE TO THI UN DERLYIN OTHER SIGN TO THE	ot mean the made a asthenia, etc. It mean application which caused NTECEDENT CAUSIDE CONDITIONS, IF EABOVE CAUSE (A) SIG CONDITION LAST. II SIFICANT CONDITIONS OF A CONDITION CAUSIN CONDITIONS OF A CONDITION CAUSIN	is the disease; I death.) ES ANY, GIVING STATING THE S CONTRIBUTII ELATED TO T	(B)	osclerotic Cardi		
19A. DATE OF	OPERATION 198, CO		WHICH OPERATION	20 A. AUTOPSY? (Yes at N	a) 208. IF YES, WERE FIN	
2TA, EXTERNAL UNDERLYING CAUS	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., farm, factory, street,	NO p., in at about 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimore City, giv	re exact location)
OF INJURY (APPROX.)	(Manth) (Day) (Ye	v	WHILE AT NO	T WHILE WORK	JURY OCCUR?	
22.	ify that I held on	Inquiry 🗌	Inspection X	Autopsy ond that on	this basis, deoth In m	y opinion
result	red from: Notural co	ouses X	Accident Suic	Ide Hamicide	Undetermined manne	er 🗌
ACTUAL	1 Mans	1.5	7	CHIEF MEDICAL		DATE SIGNED
SIGNATI	ER'S Werner	U. Spit	z,M.D.	D. ASSISTANT MEDICAL ASSOCIATE MEDICAL		11/6/67
NAME (1	ype)	V				
NAME (1 3A. BURIAL CREA EMOVAL (Specify	MATION, 23B. DATE		C. NAME of CEMETER	n Memorial Park		tawn, or county) (State)

VS 151-REV. 1/1/65

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VS 150-REV. 1/1/65

	EASED		2. DATE AND HOUR OF	FDEATH
ype or Print) V/	OLFE HEI	RBERT B	11/4/67 8:5	opn.
PLACE OF DEA	TH IN BALTIMORE, MA			lived. If institution; residence before admission
FULL NAME O	F (If not in hospital oddress or location	or institution, give street	APARYLAND BAIT	its, write RURAL and give township)
THE UN	ON ME MORI	al Hospital	ISALTIMORE	27-/7
44			D. STREET ADDRESS (If rurol, give los 3010 OACLEY AUE	
SEX MALE	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARIE D	B. DATE OF BIRTH 11-17-08 9. AGE (In y lost binhdoy)	
			11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	working life, even il retired)	martins	W. VIRGINIA	WHAT COUNTRY?
WELDE.		7777777	14. MOTHER'S MAIDEN NAME	DS.A
	ERT WOLF		JESSIE BOLTO	
es, no or unknown	Ever in U. S. Anned For	es of servicel SECURITY NO.	17. INFORMANT	1150AKmere Rd.
HARMON N		212-09-1805		· Owings Mills. W
18.	1 8 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEAS	E OR CONDITION DIS	RECTLY	rebial Haunolouxa	910 ONSET AND DEATH
	LEADING TO DEATH	(A)		
	al mean the made of asthenia, etc. II means	dying, e.g., DUE TO		
	plication which caused			
	ANTECEDENT CAUSES	(BI DUE TO		
DISEASES O	R CONDITIONS, if			
rise to the	above cause (A)			(1)0 0 1
UNDERLYING	CONDITION last.			P-landa /come
	11			-7
TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA	ATED TO THE		
	CONDITION CAUSING I	IT.	20A, AUTOPSY? (Yes or No.) 20B. IF YE	S. WERE FINDINGS CONSIDERED
19A. DATE OF	WAS PERI		IN CERTIF	YING CAUSES OF DEATH?
21 A. ACCIDEN	IT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	yes	n Boltimore City, give exact location)
OR CONTRIBU	TING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	bollimote City, give exoct tocollons
	medical examiner)			
21 D. TIME OF INJURY	(Month) (Doy) (Year		21F. HOW DID INJURY OCCUP	R?
(APPROXI		While At Not Whi		
22 Learnify	that (this hasnital	I) attended the deserred from 4.65	-21 19 67 to	11/9
thot (%) (we)	lost sow the deceose	ed alive on 11/4	and that In (may)	(our) opinion deoth occurred an the do
		ted obove. (#) (We) (did) (d id so t)	view the bady ofter deoth.	
	RE			23B. DATE SIGNED
ond hour ond		M.D. Att	ending Med. Staff Phys.	10/4/67
	J. Clim	Phy		
Cozan 23C. PHYSICIA		Phy	23D. ADDRESS	
23A. SIGNATU Cozan 23C. PHYSICIA NAME (T)	(pel	Phy		HUSPITAL
23A. SIGNATU Cozan 23C. PHYSICIA NAME (T) CESA	R F. CLIA	MACO M.D.	UNION MEMORIAL	
23A. SIGNATU Cozan 23C. PHYSICIA NAME (T)	R F. CLIR MATION, 24B. DATE pecily)	Phy ACO M.D. 24C. NAME of CEMETERY of CR	UDION MEMORIAL	(City, town, or county) (Stote)

Owings Mills, Md.

WOLFE, HERBERT, 3

1/4/11

APAGACTING

THE UNION HE ROSING HOSPITAL

BACTIMORE

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11-17-08 58

WELPER

L. VIRGINIA DISA

HERBERT WOLFE (B)

JESSIE BOLTON GI

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CESTAR F. CLIMACO

23/4/01

11/19

URION MEMORING HUSPITAL

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on the

was in regular attendance

death

was D.O.A. at a hospital (except where the physician who pronounced

		2 1	1 1000	BALTIMORE CITY	HEALTH DEPARTME	ENT	67 10606				
BIRTH	H NO.	6.	1060	6 CERTIFICA	TE OF DEAT	TH Registered No.	01 10000				
M.E.	CASE NO.			CERTIFICA	TE OI DEA	ATT AND HOUR OF DEATH					
	AME OF DECI e ar Print)	IDA BELL	E NICK	ERSON	November 5, 1967 12 53/P						
3. PL	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 8. COUNTY						
H	ULL NAME O OSPITAL OR NSTITUTION	F (If not in hospital address ar lacotion		give street	Maryland C. CITY OR TOWN ((f outside city limits, write RURAL ond give township) Baltimore D. STREET ADDRESS ((f rurol, give locotion)						
	0	Century Nur	sing Ho	me.							
	90	102 N. Pac									
					+	rtford Avenue	21229				
	male	White	Div	NEVER MARRIED D. DIVORCED (specify) OTCED	11-14-1890	9. AGE (In years last binhday) 76	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.				
		JPATION (Give kind of work warking (ife, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
_	etired	may or en in termed)			Virgin	ia	U.S.A.				
	ATHERS NAM	AE			14. MOTHER'S MAID	EN NAME					
	Samue	l LeCompte			Courtney Blake						
15. W	Vos Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS				
{Yes,	, na ar unknawn No	(If yes, give war ar dote	es of service)	None	Mr. Melvin	C. Otter, 4707	Dartford Ave. 2122				
-	18. //	77 1101 73	1000		OF DEATH		INTERVAL BETWEEN				
	7 00	E OR CONDITION DI	BECTLY X			' -	ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
	(This does not meon the mode of dying, e.g.,										
	heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)										
		ANTECEDENT CAUSES		(B) N	SCVD.						
		OR CONDITIONS, if		DUE TO							
	rise to the	e obove couse (A)		(C)	wa wa wa 200 000 000 000 000 000 000 000 000 00						
	UNDERLYING CONDITION lost.										
ATION	TO THE D	FICANT CONDITIONS (EATH BUT NOT REL.	ATED TO TH	G IE Duller	teo me	eletion.					
CA		OPERATION 198. CON			20A. AUTOPSY? (Ye		FINDINGS CONSIDERED				
RTIFIC		WAS PER				IN CERTIFYING C	AUSES OF DEATH?				
2	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacation)										
A	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?										
20	21 D. TIME	(Month) (Day) (Year)	(Hour) 21E	. INJURY OCCURRED	21 F. HOW [OID INJURY OCCUR?					
2 2	OF INJURY (APPROX.)		Wh	nile At Not Whi							
l			Wo			12	11/5 69				
	22. I certify	that Of (this hospita	l) attended t	he deceased from	1111	1962 to	11 5 196/				
	that M (we) last saw the deceased alive on 115										
	and hour and fram the causes stoted above. (Me) (did) (did ny) view the body ofter deoth.										
	23A SIGNATU	IRE	1)	1		1	23B, DATE SIGNED				
	Wash	nosell 1	(0)	Cell M.D. Att	rending Med. Directo	Sloff Phys.	11/6/0/				
	23C. PHYSICIA	N'S			23D. ADDRESS		11				
	Dr. Raymond Caplan M.D. 1010 St. Paul Street, Balto., Maryland										
24A	BURIAL CRE	MATION, 248. DATE	_	AME OF CEMETERY OF CR							
	REMOVAL (Specify) 11-8-0		orraine Park C		Woodlawn, Ma	rvland				
	urial	BY, HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DI		ADDRESS				
	N	UV 7 1967	120 B	8 Fallowas		. Hubbard, 4107					
1.7			ATTACK TO THE	THE RESERVE OF THE							

VS 150-REV. 1/1/65

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		6'	7 106		HEALTH DEPARTMENT		67 10607			
BIRTH NO. M.E. CASE NO. Registered No.										
	OF DECEASED	OCEDUTNE	MA DSZ	GONLEY	2. DATE AND HOUR OF DEATH November 2, 1967 6/15 P					
	0	OSEPHINE		GUNLEI						
. PLACE	OF DEATH IN B.	ALTIMORE, MA	RYLAND		A. STATE B. COL	here deceosed lived. If in JNTY	nstitution; residence betare admissio			
FULL N		not in hospital dress or location		give street	Maryland					
INSTITU		01033 01 1000110			C. CITY OR TOWN (If a Baltimore	outside city limits, write	RURAL and give towaship			
1	106	S. Augu	ısta Ave	nue	D. STREET ADDRESS (If rurol, give location)					
0					106 S. Augusta Avenue					
. SEX	6. RACE		7. MARRIED,	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	tf Under 1 Yr. If Under 24 H Months; Doys Hours Min.			
Fem	ale W	hite	WIDOWEL	o, DIVORCED (specify)	11-11-1900	66				
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
	Nurse		Bons Secour Hospita		l Ireland	U.S.A.				
3. FATHE	FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
			Gon1ey	,	Unknown					
5. Was D	eceased Ever in U	J. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 2122			
165,110 01	unknown) (If yes,	give wor or dole	s or service)	216-32-4745						
1B.	120	/ [CAUSE O		,	INTERVAL BETWEEN			
	DISEASE OR C	ONDITION DI	RECTLY	/		01	ONSET AND DEATH			
471.		G TO DEATH		(A)	- ARANDRY	Chel Chile	& SMIN-			
heart	does not meon failure, asthenia,	etc. II meons	the diseose,	DUE TO						
injury	or complication			(P)						
5165		DENT CAUSES		DUE TO						
	ASES OR CON to the obove			(C)						
UND	ERLYING COND	ITION last.								
ZOTHI	R SIGNIFICANT	II	ONTRIBILITIAL	G						
E TO	THE DEATH E	UT NOT RELA	ATED TO TH	E						
₩ 19A.D	ATE OF OPERATI		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
19A. D					R					
OR C	ONTRIBUTING	CAUSE OF	hom	ne, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)			
ō	H (notify medical		etc.							
OF IN	JURY	(Doy) (Yeor)		INJURY OCCURRED Ile At Not White	21F. HOW DID II	NJURY OCCUR?				
< (APPR	OX.)		Wo				1/2			
22. 1	22. I certify that (I) (this haspital) attended the deceased fram 100 1953 to 1/1/6/19									
that (that (1) (we) lost saw the deceased olige on									
and b	our and fram th	ne couses sta	ted above. (l) (We) (did) (did nat) v	riew the bady ofter death	1.				
23A. S	IGHATURE	01/-	1	M	W 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5. #	23B. DATE SIGNED			
	Lated	VV	11/14	M.D. Att						
23 C. P	HYSICIAN'S		WVV	,	23D. ADDRESS					
		Herbert	Lapp	M.D.	4804 Freder	ick Avenue,	Baltimore, Maryla			
24A. BURI REM	AL CREMATION, OVAL (Specify)	24B. DATE	24C. N	AME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (State			
	ial	11-6-6	7 Nev	Cathedral Ce	metery B	altimore, Ma	ryland			
25A. DAT	E REC'D BY HEAL	TH DEPT.	25B. NAME (OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS			
	WINA 1	1967	L. S	E. Schleuffa	Howard H. Hu	bbard, 4107	Wilkens Ave. 2122			
/5 160 BE	V. 1/1/65					17				

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Thew. from P. 1.

BIRTH NO. CERTIFICATE OF DEATH of death Deceased Such on the M.E. CASE NO I. NAME OF DECEASED (Type or Print) C. Davis Lawrence hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance (4) Undetermined cause; (5) contributing cause Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN INSTITUTION St. Agnes Hospital Arbutus .5 prior Wilkens & Catons Avenues D. STREET ADDRESS (Il rural, give location 5550 Southwestern Blvd. regular mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years eceased WIDOWED, DIVORCED (specify) last birthday Male White Married 11-1-1894 73 Yrs. 16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) = done during most of working lite, even if retired) Retired Boilmaker B & O R.R. Baltimore, Maryland MOS 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME Davis Unknown assistant death O 0 15, Was Deceased Eyer in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no ar unknown) (II yes, give war ar dates of service) SECURITY NO. ance any pronounced CAUSE OF DEATH attend his DISEASE OR CONDITION DIRECTLY fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., bal heart failure, asthenia, etc. It means the disease, examiner examiner. ular injury or complication which caused death,) ANTECEDENT CAUSES who 4 DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the Ξ physician UNDERLYING CONDITION last, remains Was medical Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the chief (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, lactary, street, alfice bldg., INJURY OCCUR? where to the hospital °Z DEATH (notify medical examiner any nature; MEDIC **by** btained 21 D. TIME 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 9 OF INJURY (except Nat While While At (APPROX.) At Work and 20 plus yrs. 22. I certify that (I) (this haspital) attended the deceased from October 31, 1967, that (1) (we) last saw the deceased alive an... hospital death) accident of the body was released shows: (1) An accident and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATUR Attending | Med. Stoll 0 Director Phys. L approval 0 23C. PHYSICIAN'S prior 23D. ADDRESS at NAME (Type) Dr. Frederick Beitler M.D. D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION eceased REMOVAL (Specily) Buria1 11-7-67 Western Cemetery 258. NAME OF REGISTRAR 25A. DATE REC'D, BY HEALTH DEPT.

Registered Na. 2. DATE AND HOUR OF DEATH November 4, 1967 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) Baltimore (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mr. Lawrence F. Davis, 1508 Midvale Ave. 21228 INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that in (my) (aur) apinion death accurred on the date 23B, DATE SIGNED 11-6-67 1014 Francis Avenue, Balto., Md. 21227 (City, town, or county) Baltimore, Maryland 25C. FUNERAL DIRECTOR HOWard H. Hubbard, 4107 Wilkens Ave. VS 150-REV. 1/1765

BALTIMORE CITY HEALTH DEPARTMENT

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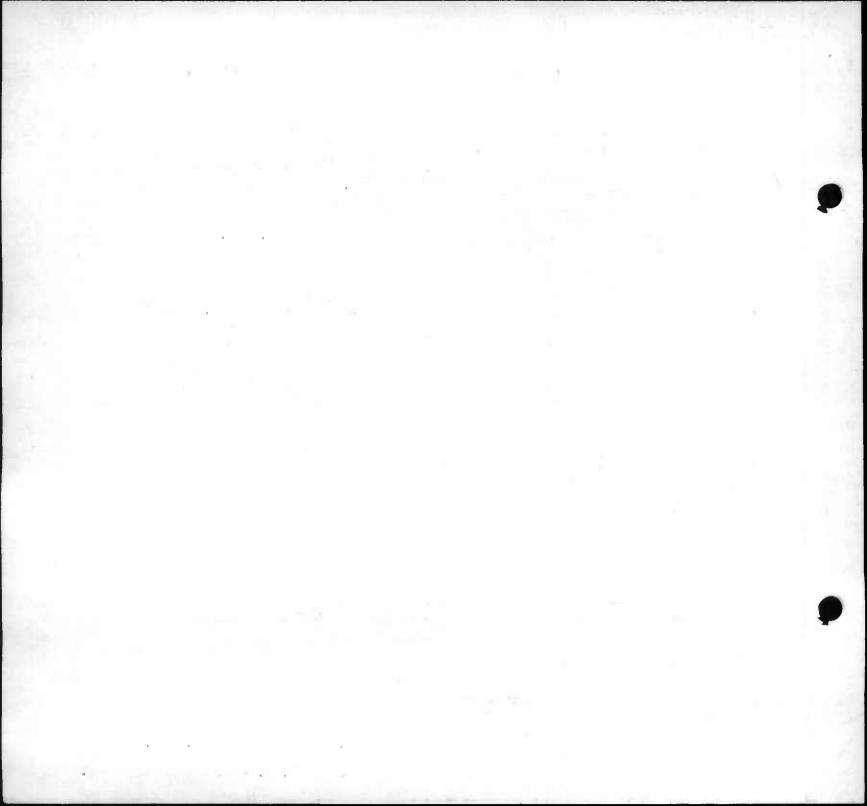
Registered No. BIRTH NO. CERTIFICATE OF DEATH Such sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased CASE NO on th I. NAME OF DECEASED 2. OATE AND HOUR OF DEATH (Type or Print) Glasser Vera **Ethel** 11/6/67 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance MD. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give towns INSTITUTION BALTIMORE WINANS prior O. STREET ADDRESS (If rural, give location) 717 Winans Way is made. in regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Ooys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthday) Hours Fema le White Widowed 4-18-1895 IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INOUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U.S.A. Retired Marboro Shirt Co. Maryland MOS the 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME the direct Harman Unknown assistant death 0.0 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO attendance 21229 216-03-6201 Mr. Maurice Glasser, 717 Winans Way fracture of any pronounced CAUSE OF DEATH 0 INTERVAL BETWEEN ONSET AND CEATH Also, DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., ar heart failure, asthenia, etc. It means the disease, examiner. examiner injury ar camplication which caused death.) regu ANTECEDENT CAUSES who (3) A 9 DISEASES OR CONDITIONS, if any, giving 0 rise to the above couse (A) stating the = where the physician UNDERLYING CONDITION last. remains medical a medical Was burns; ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. the any nature; (2) Body chief CERTIFIC 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED before to the hospital by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? approved by the (If in Boltimore City, give exact location) MEDICAL etc.) DEATH (notify medical examiner) obtained 210. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While [(APPROX.) and Work At Work 22. I certify that (1) (this haspital) attended the deceased fram death); that (1) (we) last sow the deceased alive on ond that in (my) (our) apinion death accurred on the date An accident of hospital he body was released hows: (1) An accident and hour ond from the causes stated above. (1) (We) (did) (did not) view the bady ofter death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending -M.D. Med. Stoff 11/6/67 prior to Phys. Director approval ō 23C. PHYSTCIAN'S 23D. ADDRESS certificate NAME (Type) aŧ 4000 W. Northern Pkwy. Israel S Zinberg 4 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY deceased 24D. LOCATION (City, town, or county) 0.0 REMOVAL (Specify) shows: 11-8-67 Burial Lorraine Park Cemetery Woodlawn, Maryland Was 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave. 21229 196 VS 150-REV. 1/1/65

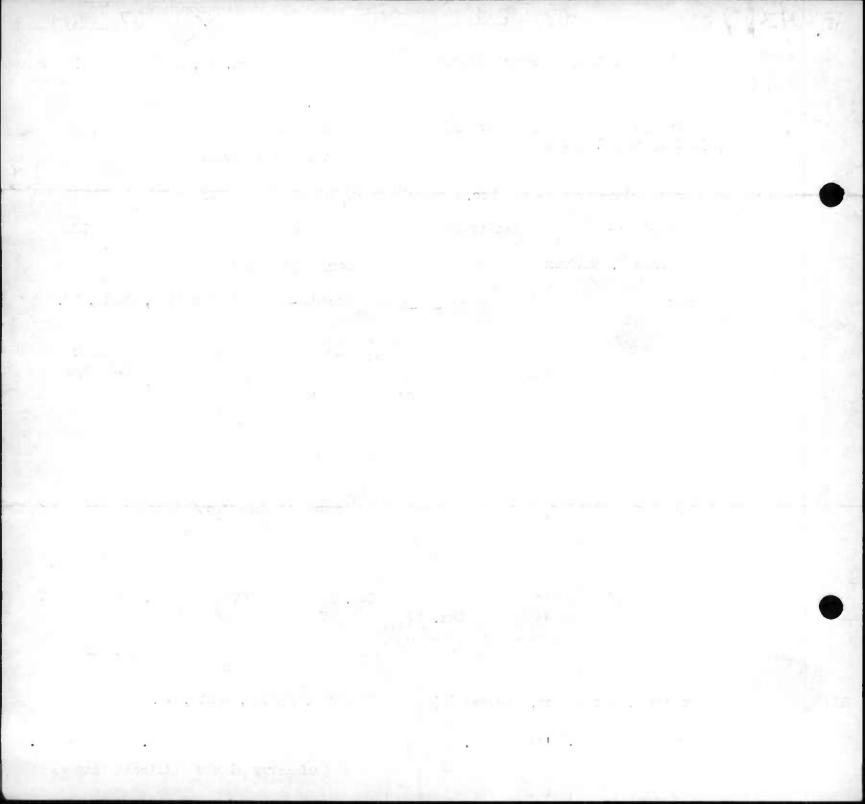
BALTIMORE CITY HEALTH DEPARTMENT

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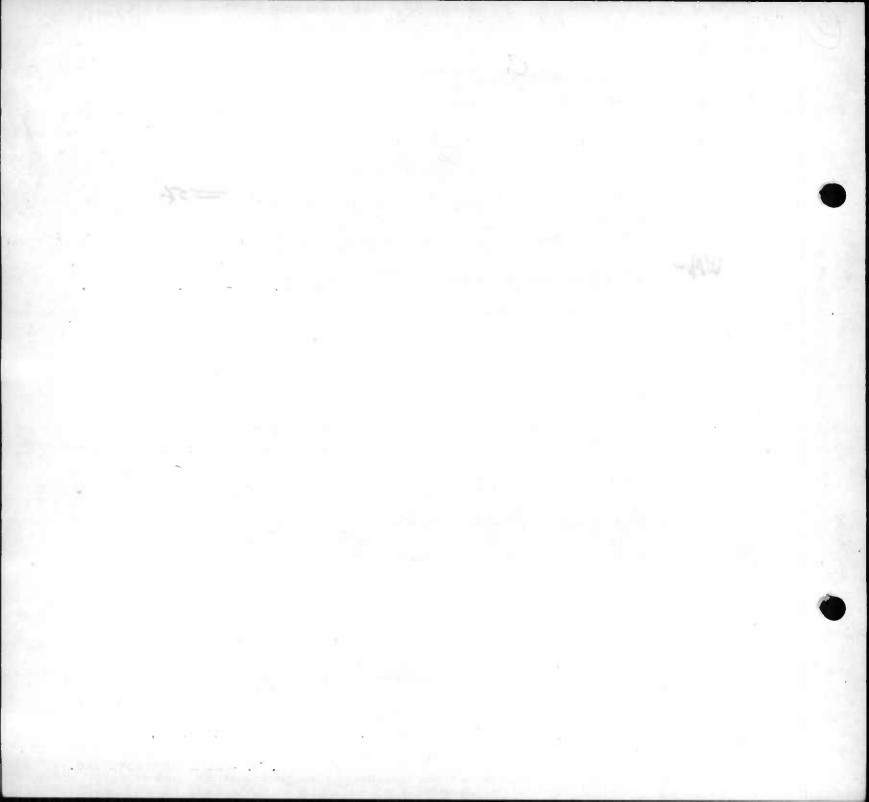




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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	
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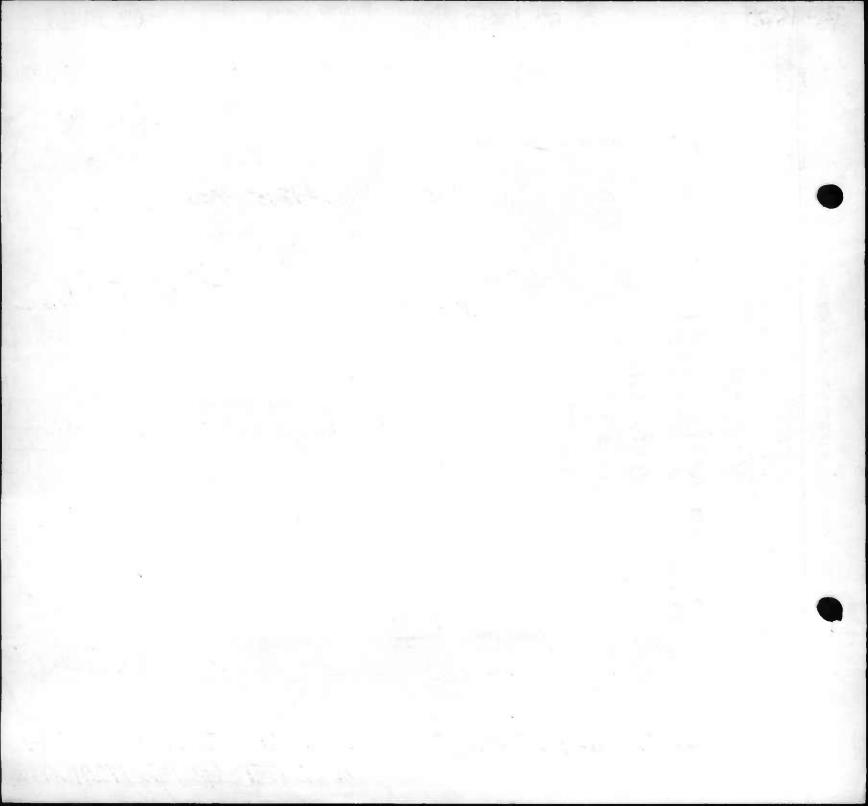
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67 10	DA D BALTIMORE CITY	HEALTH DEPARTMENT		67 10019
BIRTH NO. M.E. CASE NO.	OLO CERTIFICA	TE OF DEATH	Registered Na	01 10012
1. NAME OF DECEASED (Type or Printly P.S. BIANCHE RO 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	BINSON (14. OSUAL RESIDENCE (When	D HOUR OF DEATH	
FULL NAME OF (If not in hospital or institution address or location) INSTITUTION	on, give street		Batti's side city limits, write RI	URAL openitive townships
91 Montabello State &	Hospital	1	rural, give locotion)	d Ave
/ WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	BattisnorE,	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME TUSEPH TUCKE	Υ.	14. MOTHER'S MAIDEN NAM	taxtin	5
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) III yes, give wor or dotes of servic Un たがをいた	16. SOCIAL SECURITY NO. 24-12-618	2 Hospital	chart	Censor Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disea injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giv nise to the above couse (A) stating UNDERLYING CONDITION last.	Acu DUE TO See, BUE TO DUE TO DUE TO	F DEATH 12 Coronary 25 Connect arte Next di Delahizel C	Thrombosi no schoolie televipele	INTERVAL BETWEEN ONSET AND DEATH Shirts Syears Years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				V
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., în home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E INJURY OCCURRED While At Not While Work Not Work		URY OCCUR?	
22. I certify that (I) (this haspital) attended that (I) (we) lost saw the deceased alive condition and from the couses stated above	on perlice	4 19 6 7 and the	of in(my) (our) opin	ion death occurred on the date
23A. SIGNATURE, Z. Cil Saces. 23C. PHYSICIAN'S NAME (Type)		ending Med. S. Director 23 D. ADDRESS	Stoff Phys.	238 DATE SIGNED Nov. 4-1967
Burial 11-9-676	C. NAME of CEMETERY or CRI	Nem 9 24D. 1	altense	ADDRESS ADDRESS ADDRESS ADDRESS
VS 150-REV. 1/1/65	a document	unnga	Agriell	42 112/11/11/2012



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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ar de bali
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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67 10014	NORE CITY HEALTH DEPARTMENT Registered No. 67 10614
M.E. CASE NO.	TIFICATE OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
HUICHINDON, George William	7.00 I M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 8. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MARYLAND BALTIMORE CITY
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
VETERANS ADMINISTRATION HOSP	TTAL BALTIMORE
3900 LOCH RAVEN BOULEVARD	D. STREET ADDRESS (If rurol, give location)
BALTIMORE, MARYLAND 21218	3811 BELLE AVENUE (21215)
5. SEX 6. RACE 7. MARRIED, NEVER MARR WIDOWED, DIVORCED (
MA LE NEGROID MARRIED	6-25-24 43
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) SHTPPTNG CLERK UNK	PUNGOTEAGUE, VIRGINIA U. S. A.
SHIPPING CLERK UNK	14. MOTHER'S MAIDEN NAME
WILLIE HUTCHINSON	MAGGIE BAILEY
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY	NO. 17. INFORMANT HOSPITAL RECORDS ADDRESS
YES 2-24-43 TO 12-31-45 216-16-	-38-55 3900 LOCH RAVEN BLVD, BALTIMORE, MARYLAND
18. 44 2 / X I	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Idopathic myocarditis 4 years
(This does not mean the mode of dying, e.g., Dheart failure, ostherro, etc. It means the disease,	UE TO
injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	UE TO
DISEASES OR CONDITIONS, if any, giving	de 10
rise to the obove cause (A) stoling the	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Thrombophaebitis
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA	TION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN.	Yes IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN.	JURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exect location) , street, office bldg., INJURY OCCUR?
▼ DEATH (notify medical examiner) etc.)	y, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCC	URRED 21F. HOW DID INJURY OCCUR?
While At I	Not While
(APPROX.)	At Work
22. I certify that (4) (this haspital) attended the deceased	from 11 MY: 1967 to 5 NOVEMBER 1967,
that (1) (we) last saw the deceased alive an	VBER 19 67 and that in (2011 (our) apinian death accurred on the date
and haur and from the causes stated above. 20 (We) (did) (
23A. SIGNATURE	23 B, DATE SIGNED
	M.D. Attending Med. Stoff Phys. Stoff Phys. St. 11/6/67
23C. PHYSICIAN'S AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Phys. Director Phys. 11/0/07
NAME (Type)	3900 LOCH RAVEN BOULEVARD
RALPH H. TWINING	BALTTMORE, MARYLAND 21218
24A. BURIAL CREMATION, 24B. DATE 24C. No ME of CEMET	TERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 11-9-67 BALTIMORE	E NAT'L CEM BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	25C. FUNERAL DIRECTOR ADDRESS

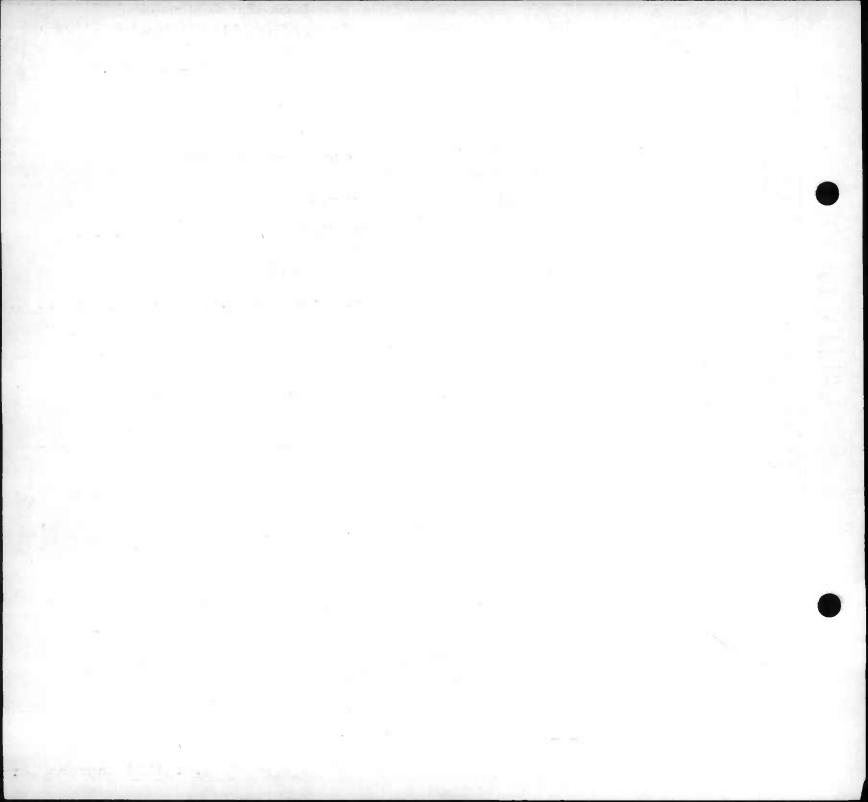
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0/ 10	010	CERTIFICATE OF DEAT	T

ALTIMORE CITT HEALTH DEPARTMENT		y speny	1001
CERTIFICATE OF DEATH	Registered Na	0/	1161

ALE CASE NO. 67 10615 CERTIFIC	CATE OF DEATH Registered No. 67 10615
NAME OF DECEASED	2. DATE AND HOUR OF DEATH 11/5/67
INA BOANS (BONE	es) XXXXX 11-5-67 12.104 M.
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MARYLAND
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	BALTIMORE
THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)
	1946 Pearlman Place
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months; Days Hours; Min.
FEMALE NEGRO SINGLE A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ne during most of working life, even if retired) NEMPLOYED	
FATHER'S NAME	GREENSVILLE, ALABAMA U.S.A.
HURBERT BOANS	MINNIE MATTHEWS
, Wos Deceosed Ever in U. S. Armed Forces? es,no or unknown) (II yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
	Mr. Rodolphus Boans 175 Bulter St. N
18. 4 9 9 X I	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
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heart failure, asthenio, etc. It means the disease, injury or complication which coused deoth.)	
ANTECEDENT CAUSES (B)	Chronic Ronal Disease
DISEASES OR CONDITIONS, if any, giving	
The state of the s	
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE SLEYEN	01.
	el Pisocoler
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street	e.g., in or obout 21 C. WHERE DID (II in Boltimore City, give exect location)
DEATH (notily medical examiner)	
21D. TME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While Nork
WOIK AT W	
22. I certify that (f) (this hospital) attended the deceased from	
that (I) (we) last saw the deceased alive an	19.67 and that in(my) (g/ur) apinian death accurred an the date
and haur and fram the causes stated abave. (1) (We) (did) (did na	at) view the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
Hours R. Black M.D.	Attending Med. Director Phys. 1/1/5/67
23C.PHYSICIAN'S	23 D. ADDRESS
NAME (Type)	A.D. Briller The ellier Horn
	to see the see of the see
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specily)	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 11-7-67 MOUNT AUBURN	CEMETERY BALTIMORE, MARYLAND
A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 7 1967 Of least E. Jankey P.	MORTON & DYETT F.H. 1701 Laurens St

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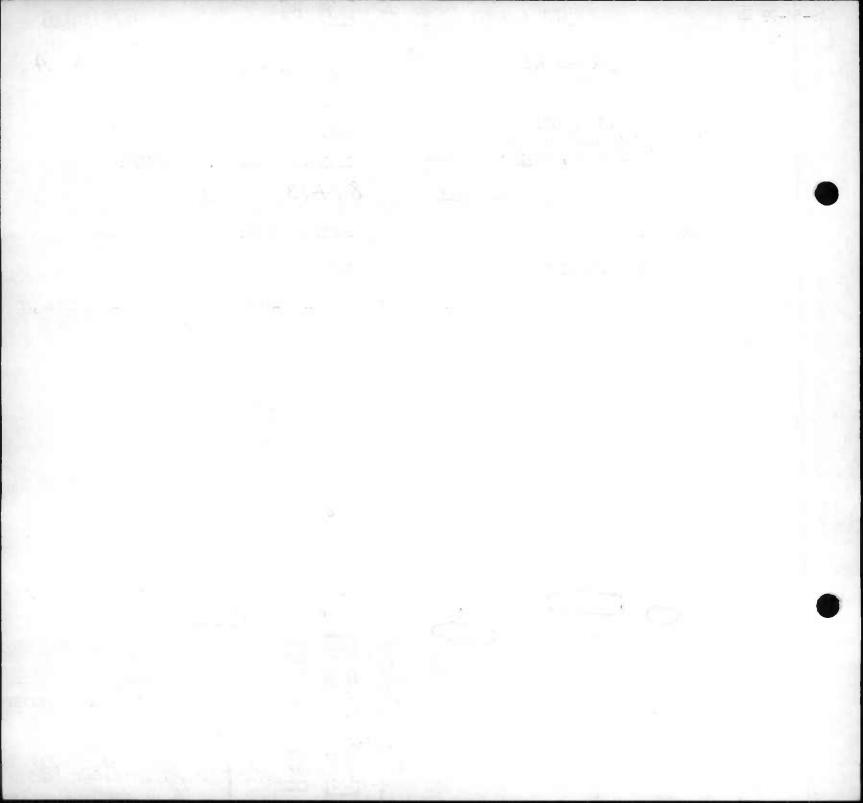


510 67	11576	TE OF DEATH	Registered No	67 10616
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) LUENEL K			AND HOUR OF DEAT	TH 2 A
3. PLACE OF DEATH IN BALTIMORE, MARY	institution, give street Y HOSPITALS AVENUE	MARYLAND C. CITY OR TOWN (IF BALT IMORE	outside city limits, writ	f institution: residence before admission) te RURAL and give township) #21202
5. SEX 6. RACE Vegro	. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SEPARATED	8-/4-/3	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Gig) kind of work 1 done during most of working life, even if retired) PRESSER		SOUTH CAROL		12. CITIZEN OF WHAT COUNTRY?
TOM WASHINGTON 5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (If yes, give wor or dotes	ss? 16. SOCIAL of service) SECURITY NO.	14. MOTHER'S MAIDEN N LULA RANS OM 17. INFORMANT		ADDRESS
LEADING TO DEATH (This does not mean the made of cheat failure, asthenia, etc. It means to injury ar camplication which caused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if an itse to the above cause (A) sunderlying Condition last.	DUE TO ny, giving stating the (C)	repral metaslo ductal ca of 1	neast	18 months
. :	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not Whil	ffice bldg, INJURY OCCUR?		note City, give exact location)
22. I certify that (1) (this hospita) that (1) (we last saw the deceased and haur and fram the causes state 23A. SIGNATURE	alive an		that in (my) (aur)	ppinian death accurred an the date

RECO D BY HEALTH DEPT 25B. NAME OF REGISTRAR 250. FUNERAL DIRECTOR 25A. DATE

VS 150~REV, 1/1/65

ADDRESS



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Clara W. Williams

	2. DATE AND HOUR OF	DEATH		45
	11-6-	67	97	-AM
4. USUAL RESI	DENCE (Where deceased I	ived. If institution:	residence before	odmission)

FULL NAME OF HOSPITAL OR

Fem.

(Il not in hospital or institution, give stree

Balto., City
(If outside city limits, write RURAL

oddress or location) Hillcrest Nursing Home

(If rural, give location) 1614 Roundhill Rd.

B. COUNTY

5. SEX

6. RACE Cau.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married

B. DATE OF BIRTH 9. AGE (In veors lost birthdoy Mar. 30,/886

If Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) done during most of working life, even if retired)

15. Was Deceased Ever in U. S. Armed Forces?

17. INFORMANT

12. CITIZEN OF WHAT COUNTRY?

Teacher 13. FATHER'S NAME

Girls Vocational Sch

Balto., Md. 14. MOTHER'S MAIDEN NAME USA

James Robert Wholey

Elizabeth Peaster

ADDRESS

(Yes, no or unknown) (If yes, give wor or dotes of service) No

6. SOCIAL SECURITY NO. 213-46-1956

Miss Ida Wholey 3043 N. Calvert St. Balto., Md

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart loilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location)

(Month) (Doy) (Year) OF INJURY (APPROX.)

(Hour) 21 E. INJURY OCCURRED While At Work

Not While At Work

22. I certify that (1) (this haspital) attended the deceased from that (I) (we) last sow the deceased olive on... and that in (my) (aur) apinion death occurred on the date and haur ond fram the causes stated above. (1) (We) (did) (did nat) view the body after death.

23D. ADDRESS

23A. SIGNATURE

M.D. Attending Phys.

Stoff Med Director Phys.

21F. HOW DID INJURY OCCUR?

238, DATE SIGNED

(City, town, or county)

23 C. PHYSICIAN'S NAME (Type)

W. H. Woody

X 11-9-1967

24C. NAME of CEMETERY OF CREMATORY

Arlington Nat'1

1403 Park Ave. Balto., Md. 24D. LOCATION

Arlington, Va.

(Stote)

REMOVAL (Specify) Burial 25A. DATE REC'D BY HEALTH DEPT

24A. BURIAL CREMATION, 248, DATE

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS Wm. Cook-Brooks, Inc. 1217 St. Paul St., Balto

VS 150-REV. 1/1/65

decease

å Was

examiner FUNERAL DIRECTOR: regul ho 4 physician the remains chief medical Wds burns; the 0 3 ere to the hospital ° why any nature; obtained 9 (except and of hospital was released at accident 10 approval ō = An shows: (1) eceased o the body

21 F8 F2 9 F F A SERVICE OF THE PARTY OF THE P

a hospital and

N.E. CASE NO. NAME OF DE		ARA I	MOHR	2. DATE	4/47	TH 6 P
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospitol oddress or locofion	or institution, give)	: street	A. STATE B. CO	outside city limits, wri	If institution: residence before admissing the JULAL and give rewnship)
5. SEX	6. RACE WHITE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH 7-15-92	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
done during most o Secret	f working tife, even if retired) ary	10B. KIND OF BU	SINESS OR INDUSTRY	Baltimore, Md	١.	12. CITIZEN OF WHAT COUNTRY? U.S.
CHARL	LES H. MO	HR		14. MOTHER'S MAIDEN N	STEIN	WEDEL
5. Was Deceose Yes, no or unknow	d Ever in U. S. Armed Form (If yes, give wor or dote	s of service)	SOCIAL SECURITY NO. 15-096058	17. INFORMANT	Mohr 701 C	ADDRESS Cathedral St.
(This does heart foilure	ASE OR CONDITION DIR LEADING TO DEATH not meen the mode of to esthenio, etc. It means	dying, e.g., the diseose,		Fuico les tie		
This does heart failure injury or co	ASE OR CONDITION DIR LEADING TO DEATH not meen the mode of	dying, e.g., the disease, deoth.)	(A) Cui		Heart Dire	ONSET AND DEATH
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OTHER SIGN TO THE DISEASE OF T	ASE OR CONDITION DIR LEADING TO DEATH not meen the mode of the m	dying, e.g., the disease, deoth.) ony, giving stating the ONTRIBUTING TED TO THE T. DITION FOR WH FORMED 21B. PL home, etc) (Hour) 21E. IN White Work	(A)	20A. AUTOPSY? (Yes or YES in or obout 21C. WHERE DID office bldg., INJURY OCCUR.	No) 20B. IF YES, WE IN CERTIFYING (If in Boltin)	ONSET AND DEATH ONSET AND DEATH
OTHER SIGN TO THE DISEASE OF TO THE DEATH (notice) of INJURY (APPROX.) 22. I certify that (I) (week)	ASE OR CONDITION DIR LEADING TO DEATH not meon the mode of mode in the mode of model in the model in the model in the model model in the model in the model in the model model in the model in the model in the model in the model model in the model in th	dying, e.g., the disease, deoth.) ony, giving stating the ONTRIBUTING TED TO THE T. DITION FOR WH FORMED 21 B. PL home, etc.) (Hour) 21 E. IN White Work) ottended the	(A) OLE TO (B) DUE TO (C)	20A. AUTOPSY? (Yes or YES) in or obout 21C. WHERE DID office bldg., INJURY OCCUR:	No) 20B. IF YES, WE IN CERTIFYING (If in Bolting) (If in Bolti	ONSET AND DEATH Pase Refindings Considered CAUSES OF DEATH?

11/8/67

Cremation

VS 150-REV. 1/1/86

25A. DATE REC'D BY HEALTH DEPT.

24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Baltimore, Md Greenmount Crematory ADDRESS 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Cook-Brooks, Inc. 1217 St. Paull St.

Wm.

1070.

BAL710008E

701 CATHEDEAL ST.

7-15-92 75

CHRELES

CLARA STEINWEDEL

67 November 7 67 Viveniber Y

Salaucates Pataloles Upies Artimopial No. 17 F. F.

1. N	CASE NO. AME OF DECEAS or Print)		f	7 1 1		ND HOUR OF DEATH	1 05 B
		General N		сетту		. 1, 1967	4: 25 P
F	JLL NAME OF OSPITAL OR ISTITUTION	(If not in hospital oddress or location	or institution,	give street	Va. C. CITY OR TOWN (If ou	1TY	stitution: residence before admission URAL and give township)
		Health Serv	rice Hos	pital	Coeburn		1-43
3	100 Wymar	n Pk. Drive			Box 485	rurol, give location)	
5. SI	M	race W	WIDOWEE	NEVER MARRIED o, DIVORCED (specify) larried	1/3/00	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
		ATON (Give kind of work king life, even if retired)		etired	11. Birthplace (State or fore	rign co∪ntry)	12. CITIZEN OF WHAT COUNTRY?
3. F	Georg	e W. Kelly	-		14. MOTHERS MAIDEN NA Mary Litt		9-50
		er in U. S. Armed For yes, give war or dote		16. SOCIAL SECURITY NO. 228-03-0390	17. INFORMANT Records- US P	HS Hosnital	ADDRESS Balto Md
	DISEASE O	OR CONDITION DIE	RECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH Terminal
	(This does not	mean the made of	dvina ea	DUE TO			
	heort failure, ast injury ar camplio AN* DISEASES OR rise to the	mean the made of thenia, etc. It means cation which caused TECEDENT CAUSES CONDITIONS, if above cause (A)	the disease, deoth.)	DUE TO	ite myelogenous	leukemia	Months
RTIF	heort failure, ast injury ar camplic AN' DISEASES OR rise to the UNDERLYING COTHER SIGNIFIC TO THE DEA' DISEASE OR CO	thenia, etc. It means cation which caused tecedent causes. CONDITIONS, if above cause (A) CONDITION lost. II ANT CONDITIONS CAUSING 10 THE BUT NOT RELANDITION CAUSING 10 PERATION 198. CON WAS PERI	the disease, deoth.) any, giving stoting the CONTRIBUTION TO THE TOTAL	DUE TO (B) DUE TO (C) G WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
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MEDICAL CERTIFIC	heort failure, ast injury ar camplic AN' DISEASES OR rise to the UNDERLYING OF TO THE DEAT DISEASE OR CO 19 A. DATE OF OF OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING OF INJURY (APPROX.) 22. I certify that (I)/(we) last that (I)/(we) last injury (we) last that (I)/(we) last injury (we) last injury (we) last that (I)/(we) last injury (we) last injury are campled to the control of the contro	thenia, etc. It means cation which caused treedent caused tree	the disease, deoth.) any, giving stoting the control of the contr	GE WHICH OPERATION PLACE OF INJURY (e.g., in the farm, factory, street, of the farm) INJURY OCCURRED iile At	20 A. AUTOPSY? (Yes or N yes not obout 21 C. WHERE DID injury occur?) 21 F. HOW DID IN.	208. IF YES, WERE FIN CERTIFYING CALL YES (If in Baltimore) JURY OCCUR? 19 67 to No	FINDINGS CONSIDERED USES OF DEATH?

S O S O E 25A. DATE REC'D BY HEALTH DEPT.

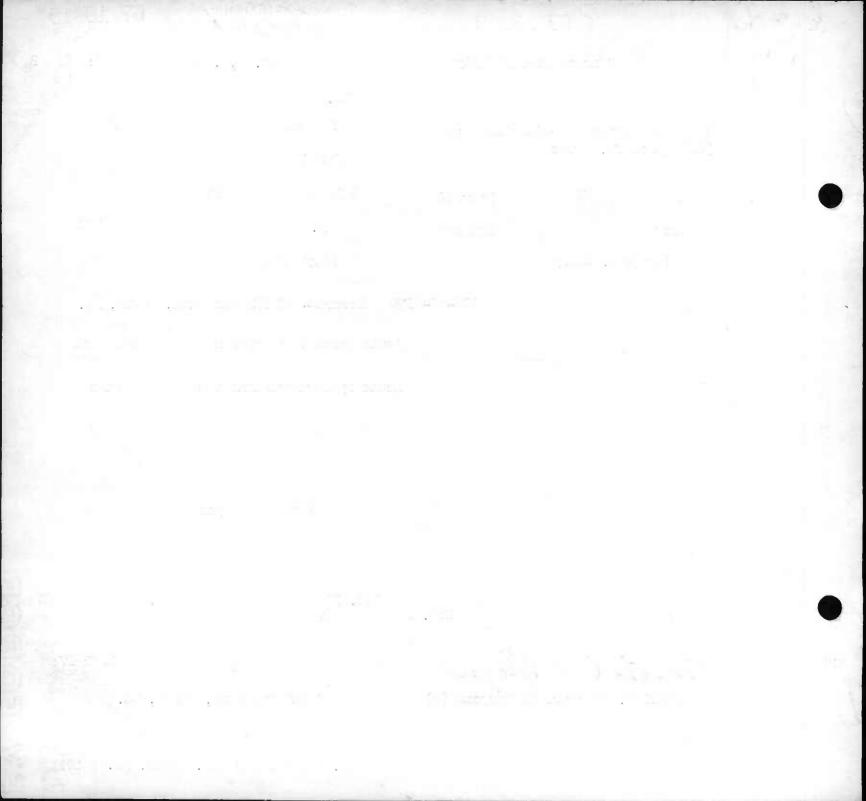
25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

Wm. Cook-Brooks Inc. Balto. Md. 21202

VS 150-REV. 1/1/65



epro-	07 40	BALTIMORE CITY	HEALTH DEPARTMENT		m 40000			
	BIRTH NO. 67 10620 CERTIFICATE OF DEATH Registered No. 67 10620							
	M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH				
	(Type or Print) Park G. Wilson		11/10/10/07					
	3. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. Il institu	tion: residence before admission)			
	4 3 4 3 4 4		A. STATE B. COUN	TY				
	FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	in, give street	Md					
100	INSTITUTION		C. CITY OR TOWN (If outs	side city limits, write RUR/	AL and give township			
5	En C'Y Il	1(1)01)	Balt,		1000			
	University Hospita	al, VOH	D. STREET ADDRESS (If r	rurol, give location))			
9		alty Md.	1001 W.	Lomparc				
1	MIDON	ED, NEVER MARRIED WED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years If Most birthdoy)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.			
,	Mi Cada		4-16-1916	5%				
_	IOA, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	gn country)	2. CITIZEN OF WHAT COUNTRY?			
	Bointing Ma	. Drydock	Kunxulle	Tours	4.51			
	13. FATHER'S NAME	1 Proceeds	14. MOTHER'S MAIDEN NAM	ME				
	George W. W	1150n	Dario	Rlas				
	15. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT,	PRIES	ADDRESS A			
	(Yes, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	Murtle Pr	att	Balt, Md.			
Į,	Yes Homan	414-40-1889	942 W.Lo	unbard St	partity			
	18. 3 81.11	CAUSE O	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	0 2	750 UN Cel	I'ha Mak	322			
	LEADING TO DEATH (This does not mean the made of dying, e	.g., DUE TD		n worn any	77			
	heart foilure, asthenio, etc. It means the disea		0115 00	20 1	. /.			
	injury ar camplication which caused death.)	- (3)	CHE	e N	6 acs			
	ANTECEDENT CAUSES	DUE TO	#		R			
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) sloting		Cimhosis	16110	15 45.			
2	UNDERLYING CONDITION last.	100	110000	2 -				
	ll l	/	y telestes					
	O THE DEATH BUT NOT RELATED TO				1016			
	DISEASE OR CONDITION CAUSING IT.							
	198. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?			
0								
2	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of		(II in Boltimore Cit	ty, give exoct locotion)			
3	U	etc.)						
3	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?				
		While At Not While At Work	e _					
	22. I certify that (!) (this hospital) attende		11/66 1	9 10 17/6	167 10			
	that (1) (we) last saw the deceased alive a	-1161.		. / .	death accurred an the date			
		/ /		at in(my) (dor) apinia	death accorred an the date			
	and haur and from the causes stated above	. (1) (πε) (αια) (αια nατ) ν	iew the bady after death.	122	B. DATE SIGNED			
	S. Muna	M.D. Atte	ending Med.	Stoff	11/1			
	COC BUYELOLANG	Phy:	s. Director	Phy s.	19/67			
	23C. PHYSICIAN'S NAME (Type)	Khe wasa.	23D. ADDRESS	Longe				
	Julia B.	MUESSM.D.	008	tay.				
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City, 1	own, or county) (State)			
	B 1 1/0/10/7	Rose born, 1	PINI VII	Willo Tana				
	25A. DATE REC'D BY HEALTH DET. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	XVIIIE TIME	ADDRESS			
1	NOV 7 1967 12 12	Part Trans	Wur Cook-Bro	ocks, Luc,	M)			
I	V\$ 150-REV. 1/1/65	C. SUCTAGE OF	1 1211/ST. You	1 St., Balt	, Md.			

(D) continued (C) 12/21

VS 151-REV. 1/1/65

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VS 150-REV. 1/1/65

TRACE OF DEATH IN BALTIMORE, MARHAND 2. FLACE OF DEATH IN BALTIMORE, MARHAND 3. FLACE OF DEATH IN BALTIMORE, MARHAND 3. FLACE OF DEATH IN BALTIMORE, MARHAND 4. STATE FULL NAME OF MISSIPHORE IN BALTIMORE, MARHAND WIGHTIAL D. WIGHTIAL HOSPITAL BALT I MORE 2.128. BALT I MORE 2.12	6	7 10622 BALTIMORE CITY	HEALTH DEPARTMENT		67 10622			
Consider	M.E. CASE NO.							
TULL NAME OF NOSPITAL DE SIDER DE CONTROL DE	(Type or Print) PETER L. V	ANGAS	Vove	mber 4, 196				
SARES OR CONDITION DIRECTLY LEADING TO DEATH That goes not mean the mode of dying, but the substance of th			A. STATE B. COU	INTY	stitution: residence before admission			
DISEASE OR CONDITION SECULT LEADING TO DEATH The Boar or mean the mode of dying, e.g., injury or complication which to beave couse and substance of complication which conditions is conditions. DISEASE OR CONDITIONS CONTRIBUTING TO THE BOARD OF SERVICE OF CONDITIONS CONTRIBUTING TO THE BOARD CONDITIONS CONTRIBUTION TO THE BOARD	HOSPITAL OR oddress or location	n)	C. CITY OR TOWN (If a	outside city limits, write R	RURAL and give township)			
A ABERTON NOVE MARKETO NEVER MARKETO MINISTER MARKETO NEVER MARKETO MODOWED, DWORCED INSPECTION MARKIED MAR	44 MEMOR	AL 1102 FITTI	D. STREET ADDRESS	f rurol, give location)	2707			
ADJEAN OCCUPATION (CIVE kind of work) file. REND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Restaurant Owner 3. FATHER'S NAME LOUIS VLANGAS 5. Was Deceased two in U. S. Armed Fores? 16. SOCIAL SCURITY NO. 216-09-9631 B. DECEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH CAUSE CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE CAUSE OF DEATH CAUSE OF		WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE IIn years				
Helen Vloylanitis 5. Was Decessed Eve in U. S. Amed Frience? 16. SOCIAL SECURITY NO. 216-09-9631 17. INFORMANT ADDRESS (Same) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head follow, eshionit, etc.) ANTECEDENT CAUSE DISEASES OR CONDITIONS, if one, giving rise to the above cause (A) stoling the UNDERLING CONDITION (ost.) 18. DISEASES OR CONDITIONS, if one, giving rise to the above cause (A) stoling the UNDERLING CONDITION (ost.) 19. THE BEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF ONE WHICH OPERATION 19. ACCIDENT WAS UNDERLING CONDITION OF ONE WHICH OPERATION 20. ALCIDENT WAS UNDERLING CONDITION OF ONE WHICH OPERATION 20. ALCIDENT WAS UNDERLING CONDITION OF ONE WHICH OPERATION 21. ACCIDENT WAS UNDERLING CONDITION OF ONE WHICH OPERATION 22. Learning (Meenin) 1Day) ITeed (Moul) 23. ALCIDENT WAS UNDERLING CONDITION OF ONE WHICH OPERATION 24. ALCIDENT WAS UNDERLING CONDITION OF ONE WHICH OPERATION 25. DISEASE OF OPERATION (We caused the condition of the one of the operation of the op	done during most of working life, even if retired)		11. BIRTHPLACE State or fo		WHAT COUNTRY?			
S. Was Decessed Ever in U. S. Armed Forces? 216-09-9631 77. INFORMANT NO 216-09-9631 78. Viola Vlangas (Same) 1015EASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hould find disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO OUNCESTIVE HEART FAILURE DUE TO DUE TO OUNCESTIVE HEART FAILURE DUE TO DUE TO OUNCESTIVE HEART FAILURE INTERVAL BETWEEN ONE THANK IN THE PROPERTY OUNCESTIVE HEART FAILURE DUE TO OUN		5	14. MOTHER'S MAIDEN N		oyianitis			
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	REMOVAL (Specily) Burial 24B. DATE 11-9-67				tewn, or county) (Stete)

Burial 11-9-67 Baltimore National Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.

NOV 7 1967 25B. NAME OF REGISTRAR

Leonard J. Ruck, Inc., 5305 Harford Rd.

VS 150-REV. 1/1/65

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FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 67 10625 CERTIFICATE OF DEATH Registered No. 07 10625	_
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type or Print) BENICON! TAMES M. 11.6.67 1755	AA
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissingly and the state of th	ion)
FULL NAME OF (If not in hospital or institution, give street hospital or location) INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)	-
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The white 3235 Ale Ave.	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Windows) If Under 1 Yr. If Under 24 F WIDOWED, DIVORCED (specify) 8 4 0 4 (in years Doys Hours Min.) If Under 1 Yr. If Under 24 F Months Doys Hours Min.	115.
done during most of working life, even if reliyed) WHAT COUNTRY?	
13. FATHERS NAME 14. MOTHERS MAIDEN, NAME	
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15. Was Decrased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	
VAS WW 2 MRS. MARIE BENSON (SAME)	
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Felix J. Martin M.D. The Union Memorial Hospital	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote	9)
BURIA 11/10/67. HOLY KOSARY EMETERY BATTIMORE, MC. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	
NOV 7 1967 P. Cat E. Jalley M. LEONARJ J. Ruck, INC. 21214	

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FUNERAL DIRECTOR: IMPORTANT

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. Such of death Deceased on the M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) death. USUAL RESIDENCE (Where deceased ance (2) FULL NAME OF HOSPITAL OR INSTITUTION cause (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and give township) canse; attend 0 prior contributing (4) Undetermined regular is mad AGE (In years tf Under 1 Yr. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 24 Hrs. eceased Months Doys Hours WIDOWED, DIVORCED (specify) birthdoy Leveree kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? LACE (State or foreign country) disposition N.(Nurse Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. Was Deceased Ever in U. S. Armed Forces? (Yes no or unknown) (If yes, give wor or dates of service) ADDRESS SOCIAL L. Raffensparger final SECURITY NO attendance Glynden Dr., Reisterstown, Md. 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, ar injury ar camplication which caused deoth.) regu ANTECEDENT CAUSES who DUE TO DISEASES OR CONDITIONS, if any, ō rise to the abave cause (A) stoting the physician UNDERLYING CONDITION last. the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OF CONDITION CAUSING IT. (2) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH 20A. AUTOPSY? (Yes or No) QP BRATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLAGE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? ere (If in Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF the hospital °Z DEATH (notify medical examiner) etc.) nature; ¥ MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) At Work Work and any 22. I certify that (I) (this hospital) attended the deceased that (I) (we) last saw the deceased alive an... and that in (my) (aur) apinian death accurred on the date death) of hospital and have and fram the causes stated abave. (1) (We) (dld) (did nat) view the bady after death. must accident 23A, SIGNATUR Attending Med. Stoff M.D. Phys. Director Phys. written approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type An 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION eceased (City, town, or county) (State) 0.0 the body REMOVAL (Specily) shows: 11-10-67 Rose Hill Altoona, Pa. Burial Was 25A. DATE REC'D BY HEALTH 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd. V\$ 150-REV. 1/1/65

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BIRTH NO. 67 10	627 CERTIFICA	ATE OF DEATH Registered N	la. Of LOOK!
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FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)	titution, give street	MD. C. CITY OR TOWN (If outside city limits, wri	ite RURAL ond give township)
INSTITUTION	, ,	A A A	YLAND 26229
BON SECOURS 1	LOSPITAL	D. STREET ADDRESS (If rusol, give location)	12410D G1947
Den Ceedare 7	100111746	417 EDSDALE ROA	
	ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	Oct. 12,1905 9. AGE (In years lost birthday) 62	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B,	KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF
done during most of working life, even if retired)	DOMERTIC	Bar = Mal	WHAT COUNTRY?
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Page Varia		Mary Barriage	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of NoNE	SECURITY NO.	(1)	- 1 /
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		in or obout 21 C. WHERE DID (If in Baltin office bldg., INJURY OCCUR?	more City, give exoct locotion)
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and hour and fram the causes stated o	bave. (1) (We) (did) (did nat)	view the bady after death.	
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Pac Phracians NAME () pel 146USTIN Q	el CAMPO M.O	BON SECOURS HO	P. BALT. Nol11-
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C		(City, town, or county) (State
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25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR LA RUME AN	of House DORESS
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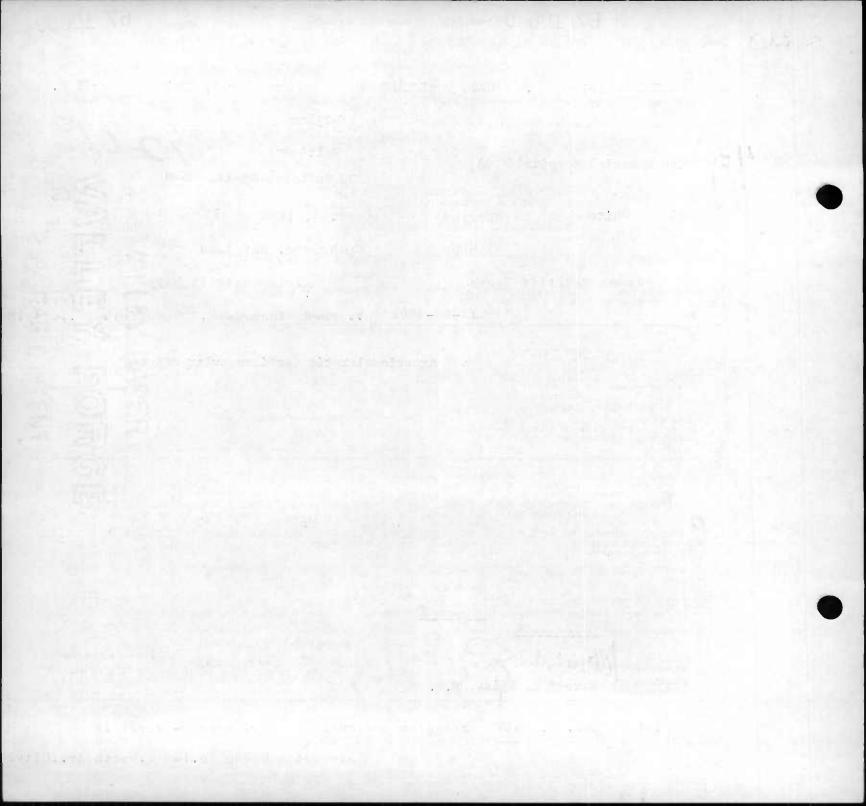
a hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered Na BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) RURAL and give township) limits, write FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) made. 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Days Hours WIDOWED, DIVORCED (specify) lost birthdoy Months Min. 2 10A. USUAL OCCUPATION (Give kind of work 10B. KIND BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) GIN USA HOUSE WI 14. MOTHER'S MAIDEN NAME Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL or final (Yes, na ar unknawn) (If yes, give wor or dotes of service) SECURITY NO. 1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH neumon (This does not mean the mode of dying, e.g., embal hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving lo the obave cause (A) stating the UNDERLYING CONDITION last. the remains П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? obtained before 27 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner etc.) MEDIC/ 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this bospital) attended the deceased from 19 0 99 that (1) (we) last saw the deceased alive an 19 and that in (my) (our) apinion death accurred an the date and haur and from the causes stated abave. (1) (WeT (did) (did not) view the bady after death. must 23A. SIGNATUR 23B. DATE SIGNED Attending Phys. M.D. Med. Staff Mugs written approval Director Phys. 23 C. PHYSICIAM'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATOR 24D. LOCATION town, or county) REMOVAL (Specify) UNION 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 150-REV. 1/1/65

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67 10630 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	E. CASE NO.						
	Pe or Print	CEASED	,			2. DATE AND HOUR PRONOUNC	
,	MARIO	ON (Miriam)	E. (ETH	(EL) RICHAR		November 2, 1967	
	LL NAME OF	(IF NOT IN HOSPIT		INCED DEAD	Mary!		
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOV	VN (If autside corporate limits, write	RURAL and age township)			
L		Memorial Hosp	ital (Do	OA)		cimore RESS (If rural, give lacation)	101
a					320 Su	ffolk Avenue Road	
5, 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTI	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
-	Female	White	212	DIVORCED (specify)	C+ =	70	retaines Days Frants Ivilli.
				erried BUSINESS OR INDUSTR	Sept. 5	1000	12. CITIZEN OF
	e during most of	warking life, even if retired)					WHAT COUNTRY?
12	NON:			NONE	Cambri	dge, Maryland	
13.	FAIRER 3 NAN	// E			14. MOTHER'S M	AIDEN NAME	
		James Radel				Miriam Estelle Na	ivy
		of the second of		16. SO CIAL SECURITY NO.	17. INFORMANT	: husband	ADDRESS Guilford,
	NO			215-58-4701	Col. For	d Richardson, 320	Suffolk Rd., City18
_	18.44 9	6.7		CAUSE	OF DEATH	4 1010111111111111111111111111111111111	INTERVAL BETWEEN
	100	/ I					ONSET AND DEATH
	DISEA	SE OR CONDITION D		Antoni	osclorotic	Cardiovascular Di	00000
	(This daes	not mean the made al	dying, e.g.,	DUE TO	OSCIETOLIC	Cardiovascular Di	. sease
	heart failure	, asthenia, etc. It mean mplication which caused	s the disease,	20110			
		pcoco	00011111				
	1	ANTECEDENT . CAUSE	S	481			
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO			,,
		IE ABOVE CAUSE (A) S NG CONDITION LAST.					A TOTAL CONTRACTOR
z				(C)			
5		11					
CERTIFICATION	OTHER SIG TO THE DISEASE O	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T				
	11/		NDITION FOR V	WHICH OPERATION		? (Yes ar Na) 208, IF YES, WERE FIN CERTIFYING CAU	
¥	21 A. EXTERNA	L CAUSE WAS			in ar about 21C. V	VHERE DID (If in Baltimare City, gi	ve exact location)
EDIC,	UTING CAL	OR CONTRIB-	etc.)	, fann, factory, street,	attice bidg., INJURI	OCCUR?	
ME				TE INTEREST OF STREET	015.114	DIV. SID. IN HUNY O. GOLING	
	OF INJURY	(Manth) (Day) (Yea		IE. INJURY OCCURRED		OW DID INJURY OCCUR?	
	(APPROX.)			VHILE AT NOT	WHILE		
	22.						
	I cer	tify that I held an	Inquiry	Inspection X Au	topsy and	d that on this bosis, death in m	ny opinion
	resu	Ited from: Notural co	uses X	ccident Suicid	le Homici	de Undetermined monn	er
		1.44	. /	2	CHIEF M	EDICAL EXAMINER	DATE CICHED
	ACTUA		. h 5	5/-		EDICAL EXAMINER XX	DATE SIGNED
	SIGNAT	1/0	1	M. D			11/3/67
	EXAMIN	. WEIGE	U. Spi	tz, M.D.	ASSOCIATE M	EDICAL EXAMINER	11/3/0/
23 A	NAME (rype)		C. NAME of CEMETERY	- CREAL ATORY	23 D. LOCATION (City,	, tawn, or county) (State)
	MOVAL (Specif		2.3	C. NAME OF CEMETERS	OF CREMATORS	230. LOCATION (City,	dwn, or coomy
	BURI		, 1967	Arlington	National	Fort Meyer -	Virginia
24/	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	ADDRESS
		NOV 7 1967	Robert	te. Fally 1	Stewa	rt & Mowen Co.108	W.North Av., Cityl
VS	151-REV. 1/1/	/65			7 0-7		/



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) du 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Ar (If not in hospital or institution, give street FULL NAME OF LA HOSPITAL OR oddress or location) Alf outside city limits, write RURAL and give township C. CITY OR TOWN INSTITUTION More FAIR MOUNT rutol, give location) D. STREET ADDRESS AMMOUNT 9. AGE (In years 78 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. WIDOWED, DIVORGED (specify) Colored Widowed CMALE BIRTHPLACE (State or foreign country) TOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) disposition None INIA 5 ing 40050 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SHAC 15. Was Deceased Ever in U. S. Armed Forces?
(Yes. no or unknown) lift yes, give wor or botes of service) ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor SECURITY NO. No AME 1B. Z CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the obtained before the remains UNDERLYING CONDITION Just. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined etc.) 21 D. TIME OF INJURY 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) While At Not While F (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from 30 19 67 and that in(my) (our) apinian death accurred an the date that (1) (we) last saw the deceased alive an and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23 B. DATE SIGNED 23A. SIGNATURE Attending Phys. Med. Director Stoff M.D. written approval Phys. PHYSICIAN'S 23 D. ADDRESS NAME (Type (Stote) REMOVAL (Specify) Mem. BUMLA RHURY 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

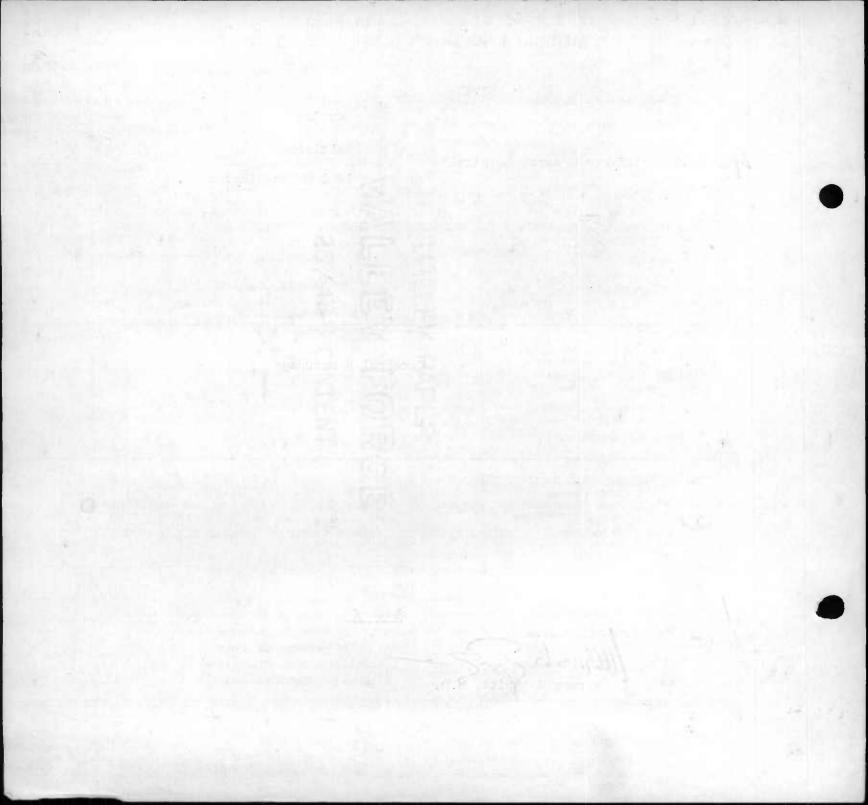
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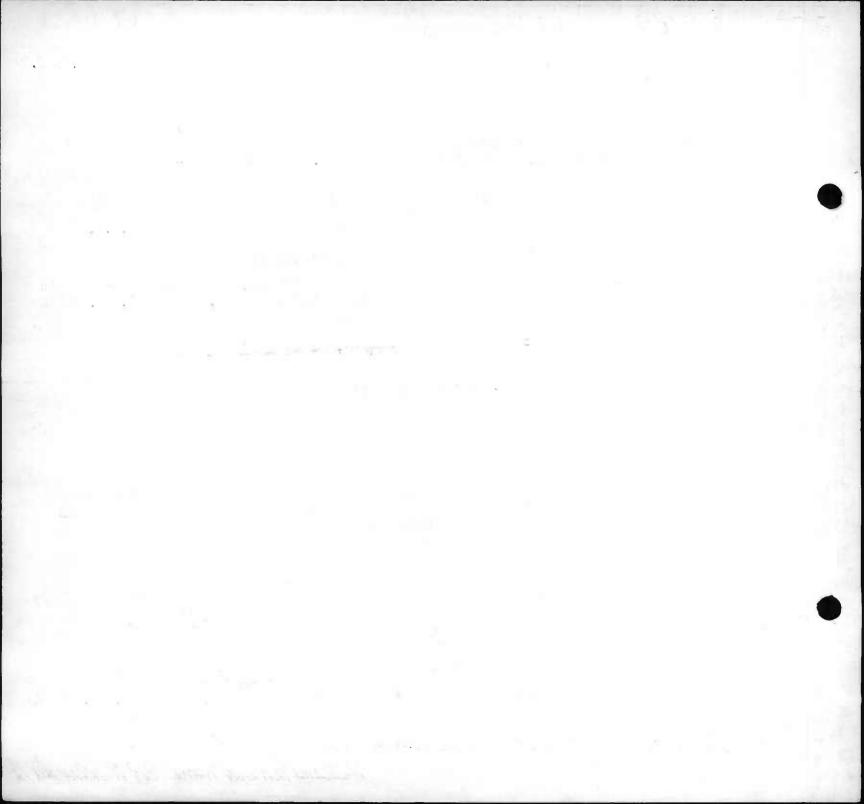
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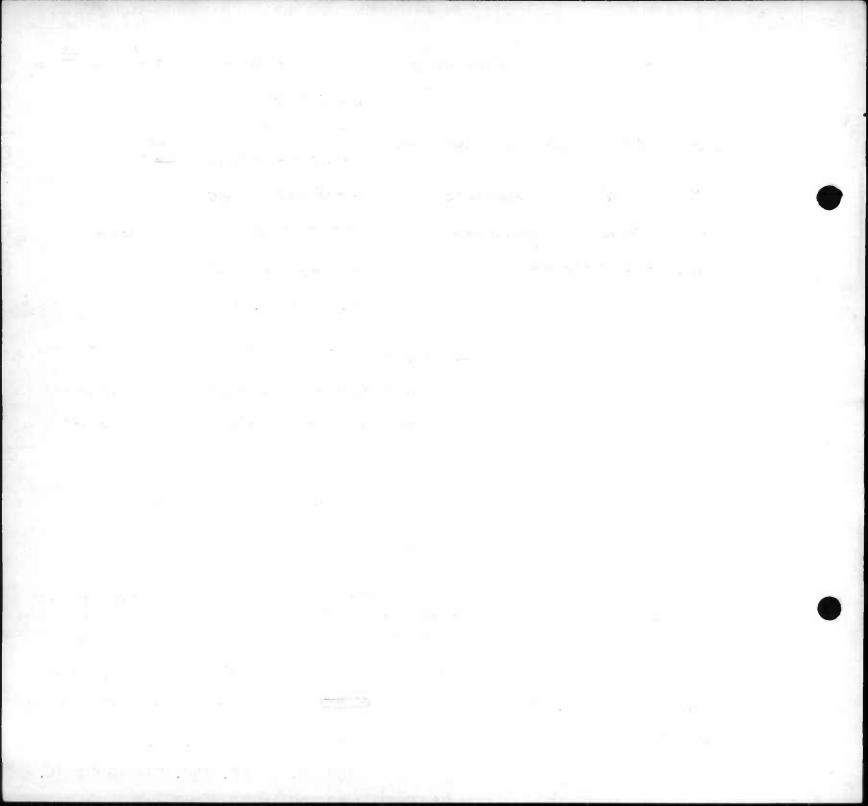


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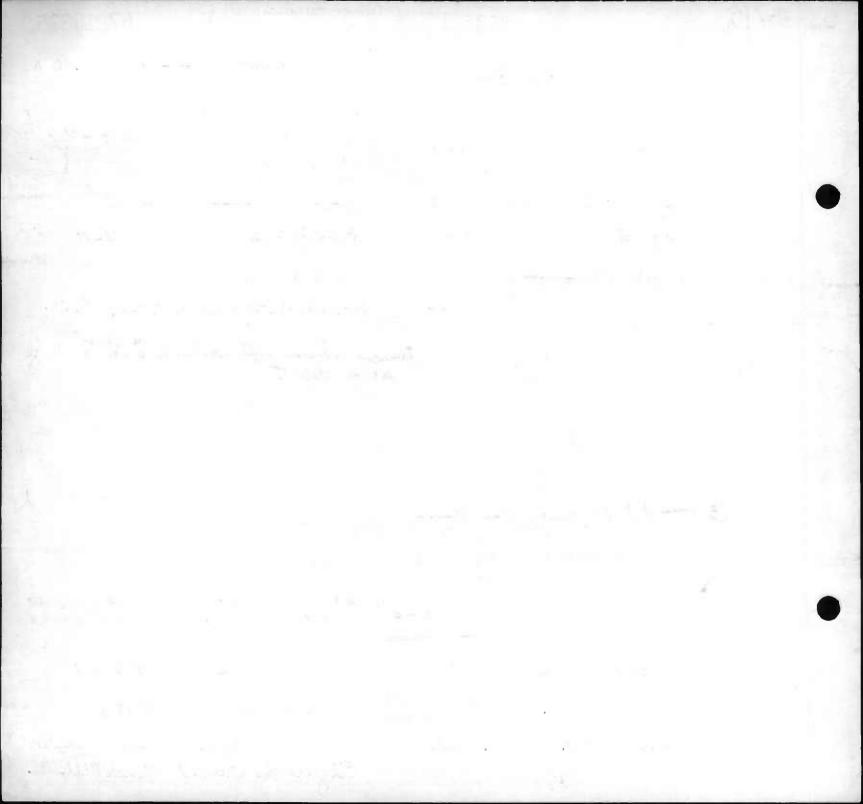
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	H NO.		67	106	BALTIMORE CITY CERTIFICA	TE OI	DEAT	H	Registered Na	67	10634
1, N/	CASE NO.	SED OSS M			NARD	= 6-	2. DAT	E AND	HOUR OF DEATH	R 19	6725
3. PI		TH IN BALTIMO		-	,,,,,,,	4. USUAL	RESIDENCE		deceased lived, If in		esidence before odmissio
FI	ULL NAME O	F (If net in b	nospitol or in:	stitutien, o	ive street		RYLNNL				
H	OSPITAL OR	oddress or				11			de city limits, write R	URAL ond	give township)
2	5	22.7.				BA	LTIMO				20-0
50	UTH	BALIF	OKE	GER	VERAL HOSF		29 PA		PSCO A	LE.	
5. SI		6. RACE			NEVER MARRIED , DIVORCED (specify)	B. DATE C		le	AGE (In years st birthdey)	If Under Months	Doys Heurs Min.
43	M	W			RIED	1000	18-07		60		
		PATION (Give kinderking life, even if		KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (Stote o	r foreign	ceuntry)	12. CITIZ	ZEN OF AT COUNTRY?
51	FETY	DEPOSI	r B	ANK	ING	MI	RYLA	ND		4	1.S.A.
13. F	ATHER'S NAM	\E				14. MOTH	ERS MAIDEN	NAM	E	,	
	EDWA	RD Go	SSMAI	W		FL	OREN	CE	P		
15. V	Ves Deceesed	Ever in U. S. An	med Ferces?		1 6. SOCIAL	17. INFOR					ADDRESS
165,	, no of Unknown)	(If yes, give wer	er dotes of	2 GIAIC G)	SECURITY NO.	Mno	Donic	п	Gogaman	1400	St Patapsco
	18. 22. 9	6 1 1			CAUSE O		DOLIS	11.	Hamseon		INTERVAL BETWEEN
		E OR CONDITI	ON DIRECT	ıv	CAUSE	DEMIN					ONSET AND DEATH
		LEADING TO		Lí	(301	מ נעו	CONESC	וענד	E HEART FA	BILLIAM	14 DAYS
		ol meen lhe m			DUE TO		CO/ 644			7-416	
		osthenie, etc. It plicolion which							32-31		
		NTECEDENT C			(B) M YO	CARD	IAL	111	FARCTION		14 DAYS
	DUE TO										
	rise lo lhe	obove ceus	e (A) slol		(C) ART	ER1050	LEROTIC	0	ARDIOVASOUL DISEAL	BR	YEARS
1		- 11									
ON		ICANT CONDIT									
ATI	DISEASE OR	CONDITION CAL		TO THE							-
RTIFIC	19A. DATE OF		B. CONDITIO		HICH OPERATION	20 A. A	NOPSY? (Yes	or Ne)	208, IF YES, WERE P	INDINGS USES OF E	CONSIDERED DEATH?
- 44	014 4651551						74.0				
_	OR CONTRIBU	IT WAS UNDERI TING CAUSE medical exemine	OF _	21 B. hometc.)	PLACE OF INJURY (e.g., ie, form, fectory, street, e	n or obout 2 ffice bldg., I	NJURY OCCU	R?	(If in Boltimere	City, give	e exact location)
ō	21 D. TIME OF INJURY	(Month) (Doy)	(Yeor) (He	our) 21 E.	INJURY OCCURRED		21F. HOW DIE	INTNI C	RY OCCUR?		
5	(APPROX.)	-		Whi Wor	le At Not Whi		_				
-	22	AL (100-/-111	anata IV				R 22	10	10. 114	1/5 40	BER 5 19 67
					e deceased fram O						
					NOVEHEER S				ın(my) (əər) apii	nian deat	th accurred an the de
			es stated o	bave. (I) (We) (did) (did_net) ·	view the b	ady after de	ath.			
2	23A. SIGNATU	RE //) N	1	0					23 B. DAT	E SIGNED
	The	arcal e	1. 1	They	M.D. Att	s.	Med. Director	P	toff hy s.	11	1/5/67
1	PHYSICIA NAME (T)	N°S	6	1		23D. ADDR	ESS				
	CERA	RA D	DAR	RZYC	KI M.D.		Sou	TH	BALTINO	080	GEN, HOSI
24A.	BURIAL CREA	AATION, 24B. D			ME of CEMETERY OF CR	MATORY			CATION (Ci	ty, town, o	
37	REMOVAL (S	pecify)	10/00								
	urial	AV HEALTH CO	/8/67		lar Hill Ce			Bal	timore, M	id.	ADDRESS
۷JA.	DATE REC'D	BY HEALTH DEP	967	O R	F REGISTRAR		UNERAL DIRE				ADDRESS
			NE NE	Kell	E, Janky MA	JO	HN F.	DEN	NY, INC.	715	Light St.



	RIPTI	H NO. Kent Co. M. 67	1063	BALTIMORE CITY	HEALTH DEPARTMENT	Registered Na	67 10635			
	N.E. 1. N./ (Type	CASE NO. AME OF DECEASED or Print)			2. DATE	AND HOUR OF DEATH				
	3. P	LACE OF DEATH IN BALTIMORE, MAR	WHATL	- У	· XO	here deceased lived. If	institution: residence befare admission)			
	Н	ULL NAME OF (If not in hospitol o IOSPITAL OR oddress or locotion)	r institution, g	ive street		1	RURAL and give township)			
			NC HO		ROCK HALL		64-00			
1	3_	3 THE JOHNS HOPKI	NS HU:	SPITAL	PINEY NECH					
	5, SI	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.			
	F IOA.	EMALE WHITE USUAL OCCUPATION (Give kind of work)	NEVER	MARRIED BUSINESS OR INDUSTRY	10-3-67 11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF			
		NoNE		××	MARYLAN		WHAT COUNTRY?			
	13. F	ATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
		WILLIAM WHAT	LEY		ELIZA	BETH OLSON				
	15. V (Yes	Vas Deceased Ever in U. S. Armed Force, no or unknown) (If yes, give war or dates	os? of service)	SECURITY NO.	WM, WHATL	et= Pock	HALL MO.			
		18. 7.5-4.71		CAUSE O	F DEATH		INTERVAL RETWEEN			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH To This with with the best of the condition								
		(This does not mean the made of	ela. Birth To Peally							
	X	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
		ANTECEDENT CAUSES		DUE TO	H H H H H H H H H H H H H H H H H H H	agram an	02 0 000000000000000000000000000000000			
		DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C)								
	ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO TH	Э E						
	U	19A. DATE OF OPERATION 19B. CONI	DITION FOR V	WHICH OPERATION		No. 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?			
	AL C	OR CONTRIBUTING _ CAUSE OF DEATH (notify medical examiner)	21 B,	PLACE OF INJURY (e.g., in e, form, foctory, street, of	n or about 21C. WHERE DID	(If in Boltim	ore City, give exact location)			
	MEDIC	21D. TIME (Month) (Doy) (Year) OF INJURY		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?				
		(APPROX)	Wor							
		22. I certify that (1) (th is hospital)	_attended tl				1/- 2 19 67			
É		that (I) (we) last saw the decease	d alive an	11-2-8	19 6) and	that in (my) (aur) a	pinian death accurred an the date			
ľ	1 1	and haur and fram the causes state	ed abave. (I) (We) (did) (did non): v	riew the bady after deat	h.	COR DATE SIGNED			
		23A. SIGNATURE	3	1 Am. AH	ending Med.	Stoff Ex	23 B. DATE SIGNED			
		23C.PHYSICIAN'S	Jun.	Phy		Phy s.	11-2-67			
		NAME (Type)	DEATH			1100144410	HOODITAL			
	24A	ARTHUR L. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	BEAU[ME of CEMETERY OF CR	THE JOHNS		City, town, or county) (State)			
						7				
	25A	Burial Nov. 4	25B. NAME C		25C, FUNERAL DIRECT	Fairlee	ADDRESS			
		NOV 7 1967		b E. Farleyno	Edgar of	(hane	Kent Maryland Church Hill, Md.			
1	VS	150-REV. 1/1/65				٩				



BIRTH NO.

67 10636 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10636

M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD				
META	DEIS	November 3, 1967 12:30 P. M.				
3. PLACE IN BALTIMORE, MARYLAND, WH		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission				
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OF LOCATION 4557 Lanier Avenue	L OR INSTITUTION, GIVE STREET TION)	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If autside carporote limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)				
00		4557 Lanier Avenue Balto. 15, Md.				
	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs				
Female White	WIDOWED, DIVORCED (specify) Widowed	Feb. 6, 1900 lost birthdoy Manths, Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) NOUSEWLIE	none	Germany U.S.A.				
13, FATHER'S NAME	Frenk	Mina (Unknown)				
15. WAS DECEASED EVER IN U.S. ARMED		17. MFORMANT ADDRESS				
(Yes, na orunknown) (If yes, give war ar dotes	nohe	Miss Carolyn Schulz 1724 Yakoma Rd. Balto 34				
18. 42211	CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONDITIONS PERFORMANT CONDITIONS CONDITIO	ATING THE (C)					
19A. DATE OF OPERATION 19B. COND.	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
✓ 21A, EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.)	,, in ar about 21C. WHERE DID (If in Bolkmare City, give exact location) affice bldg., INJURY OCCUR?				
21D TIME (Manth) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	T WHILE WORK				
I certify that I held an Incresulted fram: Notural cau		autopsy and that on this basis, death in my oplnion ide Mamicide Undetermined manner				
ACTUAL SIGNATURE (ILLENDE)		CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER 11/3/67				
NAME (Type)	. Spitz, M.D.					
23A, BURIAL CREMATION, REMOVAL (Specify) Burial 11/6/6	7 Druid Ridge					
24A. DATE REC'D BY HEALTH DEPT. NOV 7 1967 VS 151-REV. 1/1/65	Palent E, Farling	24C. FUNERAL DIRECTOR ADDRESS Randallsta				

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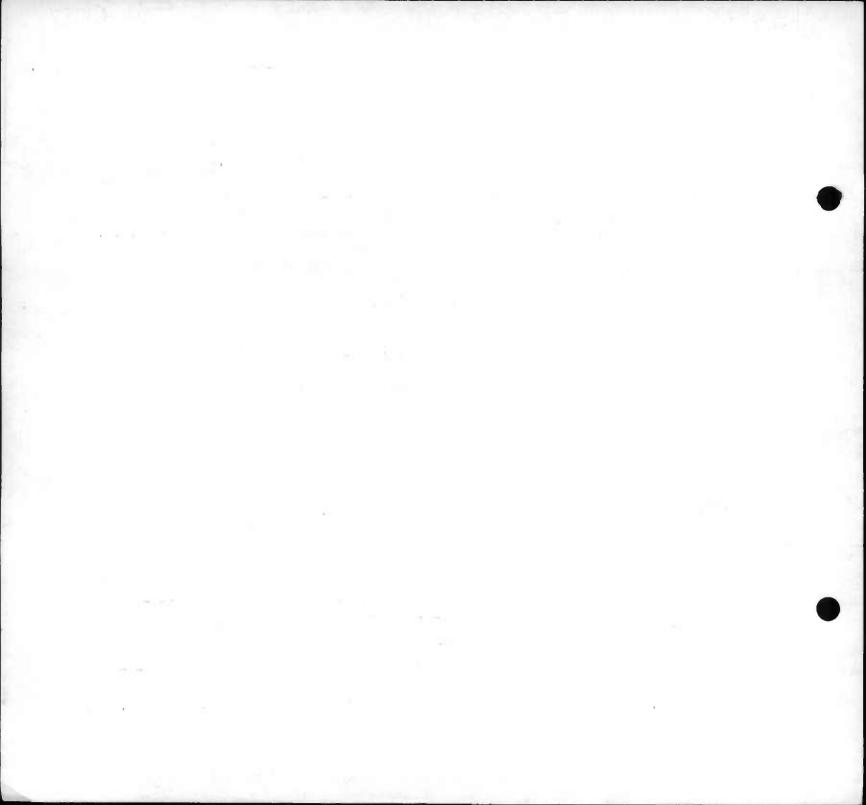
E. CASE NO.	TRACED.	7 10637 CERTIFICA	1	LIGHT CT TO THE	
Pe or Print)				HOUR OF DEATH	
Harvey	Bowman		11-3-		1 2:0 1
PLACE OF DE	ATH IN BALTIMORE, M	ARYLAND	A. STATE B. COUNT	deceosed lived. If i Y	institution: residence befare admissio
FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in hospite oddress or locati	ol or institution, give street ion)	Maryland c. city or fown (If outs	ide city limits, write	RURAL and give township)
70			Baltimore		2/-/
7			D. STREET ADDRESS (If re	irol, give location)	
Bolton	Hill Nursing	Home	5811 Simmons	Ave.	
SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	If Under 1 Yr. If Under 24 H Months! Doys Hours Min.
Male	White	widowed, divorced (specify) Divorced	10-13-99	68	Months Doys Hours Min.
		ork 108, KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF
	working life, even if retired				WHAT COUNTRY?
	ates Sa le		Maryland		U.S.A.
FATHERS NA	ME		14. MOTHER'S MAIDEN NAM	E	
Basil	Bowman		Amelia Dietri	ich	
Was Decease	d Ever in U. S. Armed F	orces? 16. SOCIAL	17. INFORMANT		ADDRESS
s, no or unknow	n) (If yes, give wor or do	ites of service) SECURITY NO.		. 0417	
		112-07/355	Records Bolton	ı niit.	
1B. 🤫 🚍	1 × 1	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
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2,800. FUNERAL DIRECTOR

OF, REGISTRAN

VS 150-REV. 1/1/65

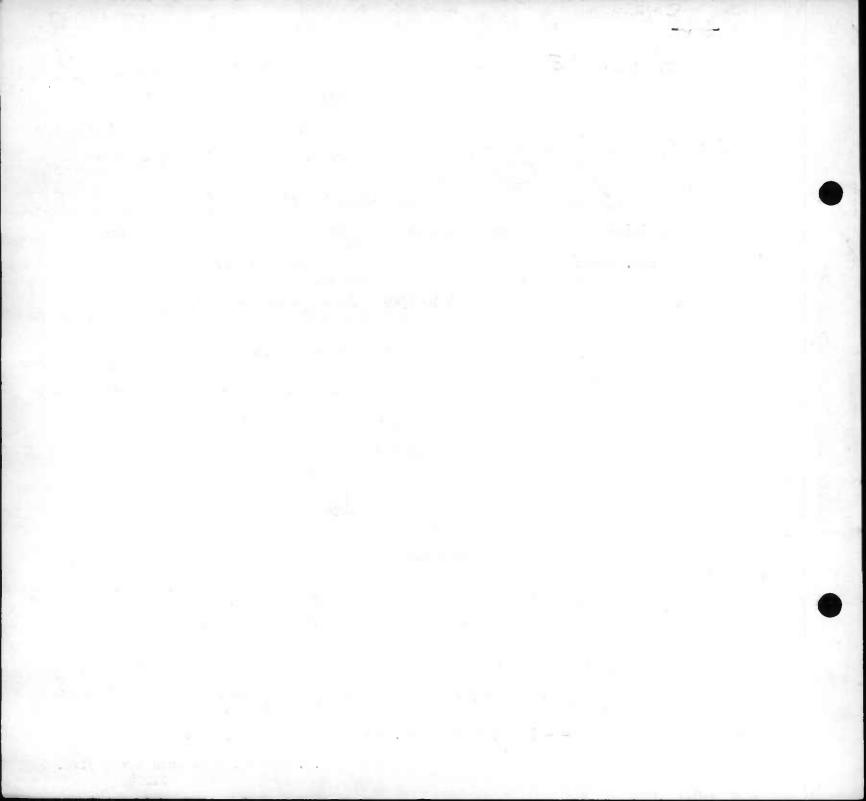
HEALTH DEPT.



IRTH NO		100	THEAL -	BALTIMORE CITY			
		06	1063	CERTIFICA	TE OF DEATH	Registered Na.	07 10038
NAME Type or I	OF DECEASED	ver M. Mo	ore		2. DATE AND H		
CF	TAL OR ad	not in hospital a	a M	ENDED give street 11-13-67		ceosed lived. If i	nstitution: residence before admissio
INSTITU	1	Memorial	Hospit		Randallstown Ru	ral	53-00
4	7				8500 Stevenswoo		Baltimore 7
S EX	6. RACE			, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9. A	GE (In years birthday)	If Under 1 Yr. If Under 24 H
Mal		ite	Marri	ed	Nov 9 1909 5	7- 58	Total III.
lone dyrin	AL OCCUPATION g most of working life nager		Truck	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign con Duncan S. Garoli		12. CITIZEN OF WHAT COUNTRY?
3. FATH	ER'S NAME				14. MOTHER'S MAIDEN NAME		U.D.A.
0	liver M. I	Moore			Mary E. Zinme	man Die	ckson
5. Wos E Yes, no or NO	Deceased Ever in U unknown) (If yes,	J. S. Armed Forc give wor or dotes	es? of service)	1 6. SOCIAL SECURITY NO. 249-09-6046	17. INFORMANT Mrs. Sena D. Moor	8500	Stevenswood Rd. Balto 7, Md.
heart	does nat mean failure, asthenia y ar camplicolian ANTECEI	, elc. il means	the disease	(B) A5	CVD - Hyperl	insign	_
rise	ASES OR CON la lhe abave DERLYING COND	cause (A)		(C) OL	yocardial info CVD - Hyperl resuly Dea	belie m	le.
rise UND	In the above DERLYING COND ER SIGNIFICANT (THE DEATH E ASE OR CONDITI	cause (A) ITION last. 11 CONDITIONS COUNTY NOT RELATION CAUSING IT	Stating the	G HE			
rise UND	Ia Ihe abave DERLYING COND ER SIGNIFICANT (THE DEATH E	cause (A) ITION last. 11 CONDITIONS COUNTY NOT RELATION CAUSING IT	Stating The ONTRIBUTIN FED TO THE	G	[20A. AUTOPSY? (Yes or No)] 20]	B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
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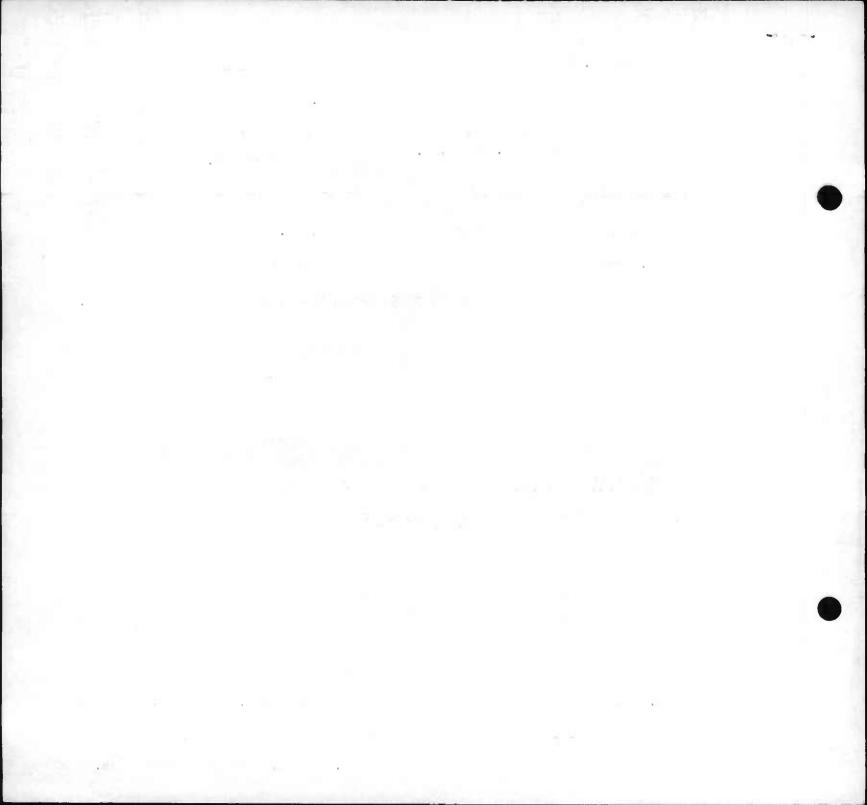
VS 150-REV. 1/1/65

C-200	BALTIMORE CITY	HEALTH DEPARTMENT		07 40000
BURTH NO. 5/ 1	639CERTIFICA	TE OF DEATH	Registered Na	67 10638
I, NAME OF DECEASED			D HOUR OF DEATH	000
(Type or Pips) W:LDER . CHA	SE	Nove	-ben 3 186	7 1 5 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		ution: residence before admission
FULL NAME OF (If not in haspital or institution		1. STAD 8. COOK		Proto P
FULL NAME OF (If not in haspital or institution HOSPITAL OR oddress or location) INSTITUTION	an, give street	C. CITY OR TOWN (If gut	side city limits, write RUR	(AL ond give township)
	\cap	Baltimore		53-00
58/ / seit itop!	ral	D. STREET ADDRESS	rurol, give location)	1 0.
Charles 110 A		8524 Che	strut Oa	K Kd.
5. SEX 6. RACE 7. MARRI	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years that the state of the state	f Under 1 Yr. If Under 24 Hrs Nonths Days Hours Min.
MW	vies, siveness (specify)	Oct. 5, 1900	62	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or farei	gn country)	2. CITIZEN OF WHAT COUNTRY?
	ntertainment	New York		4.5
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	01. 0
Benj. Chase		Blanche W		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service	e) SECURITY NO.		00.	ADDKE33
No	054 10 6349	Emergency,	Im Reloval	
1B. 4 5 1 X I	CAUSE O	F DEATH *		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	at al	1 1 0	
(This does not mean the made of dying, e	.g., DUE TO	uptured ald	man	NOV. 3 , 3674.
heart foilure, osthenia, etc. It means the disectiniury or complication which coused death.)	se,	2	. /	
ANTECEDENT CAUSES	(B) C	cortic ane	Nom	Nov. 3 , 969
DISEASES OR CONDITIONS, if ony, giv	DUE TO			
rise to the above couse (A) stating			<i>'</i>	***************************************
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING			
O THER SIGNIFICANT CONDITIONS CONTRIBU TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
U 19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A AUTOPSY? (Yes or No.	20B. IF YES, WERE FIN	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FO WAS PERFORMED		no.	IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTION CALLER OF	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exact facation)
DEATH (notify medical examiner)	home, form, factory, street, of etc.)	ince diag., INJURT OCCUR?		
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While			
	Work At Work		15 11-	1 3 /
22. I certify that (1) (this haspital) attende	. 1 . 2/	10	9 6) to 2002	190
that () (we) last saw the deceased alive of		- /	at in (my) (our) apinia	n death accurred an the da
and haur and from the causes stated above	(1) (We) (did)(did nat) v	iew the bady after death.		
23A. SIGNATURE		anding - AAa -	Statt = 23	B. DATE SIGNED
formfit Moor	Phy		Phys	1000.31/0/
23C. PHYSICIAN'S NAME (Type)	11	23D. ADDRESS	11-020	P Iti No
Jounts: K	M.D.	University	Harly Kil.	sallinio
24A. BURIAL CREMATION, 24B. DATE 24C	. NAME of CEMETERY of CRE	MATORY 24D. LC	CATION (City,	town, or county) (State)
Burial 11-6-67	Moreland Mem.Pa	ark Cemetery B	altimore, Mar	yland
	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
1861 OF Ca		Wm.E.Johns		Raven Blvd. 2
VS 150-REV. 1/1/65			21	204



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.	050	67	106-	414	HEALTH DEPARTMENT	Registered No	67 10640
M.E. CASE N				CERTIFICA	TE OF DEATH		
Type or Print)		MORRI	S		2. DATE AI	ND HOUR OF DEATH	1
. PLACE OF	DEATH IN BALTIM				4. USUAL RESIDENCE (Who		institution: residence before admission)
FULL NAM	LE OF III not in OR oddress	hospitot or	institution, g	jive street	Md.	Baltimore	RURAL ond give township)
INSTITUTIO		od Nur	sing H	0.000		34, Marylan	
0				Balto.Md.		rurol, give location)	00-00
90				Dar co Mas	1510 Tayl	or Ave.	
Female	6. RACE White		MARRIED, WIDOWED WIDOW	NEVER MARRIED , DIVORCED (specify) ed	8. DATE OF BIRTH 3-17-79	9. AGE (In years lost birthday)	Months Doys Hours Min.
one during mo	CCUPATION (Give ket of working life, even ousewife			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore Balto. M		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S					14. MOTHER'S MAIDEN NA		ODA
	Wm. Croney	r			Minnie		
5. Wes Dece	sed Ever in U. S.	Armed Force	s?	16. SOCIAL	17. INFORMANT		ADDRESS
No No	iown) (II yes, give w	vor or dotes	of service)	215 07 2345	Catherine What	mough 1510	Taylor Ave.
1B. 3	3 4 XI			CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DI	EASE OR CONDI		CTLY	Cin	al over		7/Varys
(This do	es nat mean the		ying, e.g.,	(A) DUE TØ	1-0/		
heart foil	ure, osthenia, etc. complication whic	It means t	ie disease,		2 / +		
mijory or	ANTECEDENT		eum./	(B) Cer	eling anter	worke	Terror
DISEASE				DUE TO	arkalakakarunak 6000000000000000000000000000000000000		
	S OR CONDITION the above con			(C)			
UNDERL	YING CONDITION	last.		***************************************		(
≅ to thi	IGNIFICANT COND	OT RELAT		1/100.	umoria,	Melow	P
				VHICH OPERATION	20 A. AUTOPSY? (Yes or N	0) 20B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	IDENT WAS UNDER RIBUTING CAUS	E OF	21 B. hom etc.)	e, form, foctory, street, of	fice bidg., INJURY OCCUR?	III in Boltimo	ore City, give exect locotion)
21D. TIME	(Month) (Do)	(Yeor)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)			Whi	le At Not While			0
22. I cer	tify that (1) (this	hospital)		ne deceased from	NARE 14 105	19 to 19	or 3 = 1965
that (I) (we) last saw the	deceased	alive an	9000 V		hat in(my) (aur) a _l	pinian death accurred on the da
and haur		uses state	d abave. (1) (We) (did) (did nat) v	iew the bady after death.		Lean DATE GLONED
23A. 3IGN	ATURE A	. 0	1	M.D. Atte	ending Med.	Stoff	23 B. DATE SIGNED
225 81146	LIVING	will	your	Phy:	s. Director	Phys.	17/6/
	E (Type)	ranlar	/	-	5800 Vamle Da	nd Delada	wa Wanaland
	r. Paul By	1.77	10:01:	M.D.	5820 York Ro		
REMOV Buri	CREMATION, 24B. AL (Specily) al	1-6-67		Baltimore Cem		Baltimore,	City, town, or county) (Stote) Maryland
5A. DATE RE	COBY HEALTH 10			F REGISTRAR	Wm. Johnson,		Address Raven Blvd. 21204
'S 150-REV.	/1/65						



67 1	CAA BALTIMORE CITY	HEALTH DEPARTMENT		05 40044
	CERTIFICA	TE OF DEATH	Registered Na.	b/ 10541
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			AND HOUR OF DEATH	11-4-67
JANE A. LANGE 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	TEAD	4. USUAL RESIDENCE (V	Vhere deceased lived. Il i	institution: residence bélare admission
			UNTY	
FULL NAME OF (If not in hospital or institution oddress or lacation)	tion, give street	MARYLAND		
INSTITUTION		C, CITY OR TOWN	outside city limits, write	RURAL and give jawnship)
3 3 THE JOHNS HOPKIN	IC HOCDITAL	BALTIMORE		410
33 THE OUTING HOPKIN	IS HUSFIIAL	3319 ORLA	(II rural, give lacation)	
		1		
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
	RRIED	1-24-23	44	
OA. USUAL OCCUPATION (Give kind of work 10 B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	1 FAIR	BALTO, M	10	U.S. A.
3. FATHER'S NAME	7 7 77 7	14. MOTHERS MAIDEN	NAME	0,0,.1,
ROBERT H. SOMMERWE	RCK	MARY B.	ECKENRODE	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no oi unknown) (If yes, give wai or dates of serv	1 6. SOCIAL	17. INFORMANTAUSES	vd	ADDRESS
1/0	215-16-0132	ALGET E	LANG MEACLS	-8045
1B. 4 0 4	CAUSE O	F DEATH	LAIVE NE HU	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			0	ONSET AND DEATH
LEADING TO DEATH		maria) (De se u somo	22 ueek
(This does not meon the mode of dying,				0.0
heart failure, asthenia, etc. It means the disc injury or complication which coused death.)	ease,	1 4 1 4 1	1 11 1	0 1
ANTECEDENT CAUSES	(B) /T.	elastelle	to abdone	in and with
	DUE TO	0.0		
DISEASES OR CONDITIONS, if any, gi		floured >	flusion	
UNDERLYING CONDITION last.	107		44	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	, iHt	0		
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPST? (Yes o		FINDINGS CONSIDERED
# IV		110		Manna of Marville
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	fice bldg. INJURY OCCUP	(II in Baltime	re City, give exact location)
DEATH (notily medical examiner)	etc.)			
21D-TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(A PPROX.)	While At Not Whil	e C		
	Work At Work			
22. I certify that (I) (this hospital) attend		1-12	1967 10	11-4-1967
that (I) (we) last saw the deceased alive	an 11-4	19 67 and	that in (my) (aur) op	inian death occurred an the de
and haur and fram the causes stated aba-				
23A, SIGNATURE	(10) (10) (010) (010 110)	The Hill Body differ ded		23B, DATE SIGNED
Joseph Well	M.D. Att	ending Med.	Stoff	11/11/17
235 DIVERSIANS	Phy	s. Director	Phy set	1//7/6/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	111	
JOSEPH GOLL	ES COLLIA M.D.	THE JOHN	S HOPKINS	HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of			City, town, or county) (State)
REMOVAL (Specily)	MEADOWADORE.	MEMPK -	D .ceu 11	111 TU KA
BURIAL 25A. DATE REC'D BY HEALTH DEPTE 1258, NA	ME OF REGISTRAR	25C. FUNERAL DIREC	TORSEY-HO	ADDRESS MY
130/ (15)	ub E. Salley M. B.	1 01 04	10-60.	5444 BELAIR RO
	- A MANAGAN WILL	y . racie	Joneun .	1774/DELAIR IXC
VS 150-REV. 1/1/65			,	

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24A, BURIAL CREMATION, 24B, DATE REMOVAL (Specify) 11-8-67 Burial

25A, DATE REC'D BY HEALTH DEPT

Piney Grove

25B. NAME OF REGISTRAR

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION (City, tawn or county) Piney Brove, Ba

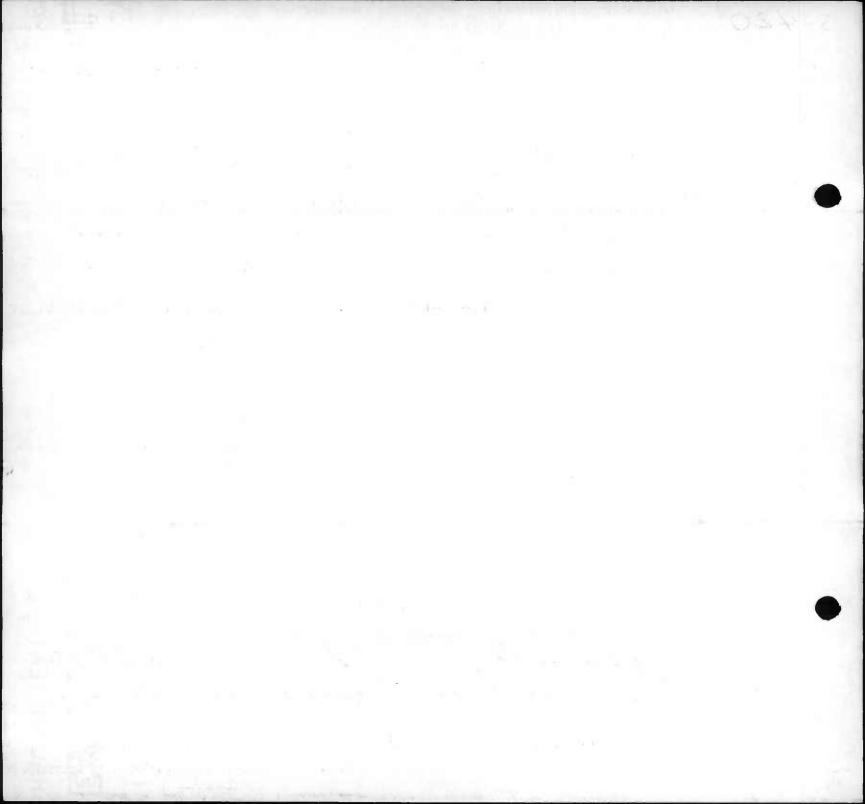
25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

(blie) Fran

Title on office, a The Contract of the Contract o AV 2437 A.S. 1541 America Innoin III

VS 150-REV. 1/1/65



	67 10	GAA BALTIMORE CITY	HEALTH DEPARTMENT		67 10611
BIRT	H NO.	CERTIFICA	TE OF DEATH	Registered Na	07 111544
	. CASE NO. AME OF DECEASED		2 DATE AN	ID HOUR OF DEATH	
(Typ	e or Print) KIMMEL, BERT	HA M.	11/03	3/67	19:15 P.M.
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B, COUN	re deceased lived. If instit TY	ution: residence before odmission)
l l	ULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION	ion, give street	MARY LAND	tside city limits, write RUR	AL ond give township)
l '	NSTITUTION			ITY 2104	
	ST. AGNES HO	SPITAL		rurol, give lacation)	
_	40			DLLEGE AVEN	
5. S	E MA LE WHITE MAR	NED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years It lost bighdoy)	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	2. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE		MARYLAND		Will Good III.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Aquilla FREDERICS	5.5	CAROLINE	Slippe	porill
15. (Yes	Nas Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No	7	ST AGNES RECO	ORDS -CATON	EWILKENS AVES.
_	18. 3 3 1 X H-260 X	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		re bio vascula	accide 8	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TO	re suo ouscula	a account	
	heart failure, asthenia, etc. It means the dise	ose,			1
	injury or complication which caused death.) ANTECEDENT CAUSES	(R)			
	DISEASES OR CONDITIONS, if any, gi	(B)	**************************************	8 8 8 8 8 8 8 7 4 6 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	rise In the obave cause (A) stoting UNDERLYING CONDITION lost,	., -		***************************************	
	ll -				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	ITING THE LICE SOFE	a mellitus		
CATIO	DISEASE OR CONDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OFERATION	20 A. AUTOPSY? (Yes or No	10 OF THE STATE OF	DINGS CONSIDERED S OF DEATH?
CE	27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Bottimore C	ity, give exoct locotion)
AL	DEATH (notify medical examiner)	home, form, factory, street, o	ffice bldg., INJURY OCCUR?		
EDIC	21D. TIME (Manth) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
Σ	OF INJURY (APPROX.)	While At Not Whit			
	22. 1 certify that (I) (this haspital) ottend			9 67 to NOVE	MBER 3, 19 67
	that (I) (we) lost saw the deceased alive	an NOVEMBER 3	67		n deoth accurred on the date
	and hour and from the causes stated above			, , , , , ,	
	23A. SIGNATURE			23	B. DATE SIGNED
	(lesto pe, a levo	M.D. Atte	ending Med. Director	Staff Phys.	
	23C. PHYSICIAN'S NAME (Type) DR. P. DIB		23D. ADDRESS	ENS AVENUE,	BALTO; MD.
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	FMATORY 24D 1	OCATION (City,	21229
_	REMOVAL (Specify)			CEATION ICITY,	town, or county) (Slote)
25A	DATE REC'D BY HEALTH DEPT. 258. NA		Philad E)	110011 City	Howard Mid.
	NUV 7 1967 (12.C)	ent E. Sanberger	Higher Thom	SlAck.	Ellusoft &G
140	50 BEV 1/1/45		LUNGAR	1 17 mis	mal.

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V\$ 150-REV. 1/1/65

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	Or	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 10645
BIRTH NO.	Ь	7 10645 CERTIFICA	TE OF DEATH	Registered N	lo
M.E. CASE NO.				AND HOUR OF DEA	TH
CRITZE					967 7:20 A M
3. PLACE OF D	ES HOSPITAL	RYLAND	4. USUAL RESIDENCE (VA. STATE		If institution: residence before odmission)
	IS AND CATEIN	orAinstitution/mive street	MARYLAND		Balle Co.
	ORE MARYLAND			outside city limits, wr	ite RURAL and give township)
DALITM	URE MARTLANL	21229	ELLICOTT	CITY	53-00
4	40		904 BALTI	MORE NAT	
MALE	WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARR IED	07 23 02	9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Hrs. Months: Doys Haus Min.
	CUPATION (Give kind of work of working life, even if refired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retir			VIRGINIA		U.S.A.
3. FATHER'S NA	AME		14. MOTHER'S MAIDEN	NAME	
WILLIA	M Critzer		Mollie	e Dobbs	
5. Wos Deceos	ed Ever in U. S. Armed Forwn) (It yes, give war ar date	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
	Will yes, give war ar acte	s of service) 2 FEUROM NOT 42		INSPITAL W	ILKENS & CATON AV
1B. 🔥 .	51 V 1	CAUSE	OF DEATH	IOST TIAL W	INTERVAL BETWEEN
	ASE OR CONDITION DIR	RECTLY) / /	1	ONSET AND DEATH
	LEADING TO DEATH	(A)	ardiopno	monic	e insuficione
	not mean the made of e, osthenio, etc. It means	dying, e.g., DUE TO	1 6114	Λ	
	omplication which coused		to Chlon	ic line	n diame
	ANTECEDENT CAUSES	(B) DUE TO	,	, c 0 - 1 0 0	
	OR CONDITIONS, if	ony, giving	Im alia	Lynn!	Lin + AS. H.d
	the above couse (A) NG CONDITION lost.	stating the (C)	in conje	0 0/1/000	
	11				
E TO THE	CHIFICANT CONDITIONS CONTINUES CONTINUES OF	TED TO THE			
		DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING IBUTING CAUSE OF lify medical examiner	21 B. PLACE OF INJURY (e.g., home, torm, tactory, street, etc.)	in or about 21 C. WHERE DIC thice bldg., INJURY OCCUR	? (It in Bolti	more City, give exact tocation)
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
(APPROX.)		While At Nat Whi	le 🗍		
22	f., abox /I\ /abis bossiani) ottended the deceased from NO		1967 10 NO	VEMBER 6 1967
that (I) (w	e) lost sow the decease	d olive on NOVEMBER 6	19 67 ond	I that in (my) (our)	opinion deoth occurred on the dot
		red obove. (I) (We) (did) (did not)	view the body ofter deor	th.	
23A. SIGNA	TURE Solding	EDV Gengm.o. AM	ending Med.	Stoff Phys.	23B, DATE SIGNED
23C. PHYSIC NAME		OV CEORGE	23D. ADDRESS		LKENS & CATON AVE
4A. BURIAL CI	REMATION, 248, DATE	24C. NAME of CEMETERY or CR	EMATORY 24D	LOCATION	(City, town, or county) (State)
Burial	11-9-67	Rockgate Cemeter	~37	Crozet Viz	cainia
	D BY HEALTH DEPT.	25B NAME OF REGISTRAR	25C. FUNERAL DIREC	Crozet, Vir	ADDRESS
	1967 (lub E. Fallums			Wilkens Ave 21229

Howard H. Hubbard, 4107 Wilkens Ave. 21229

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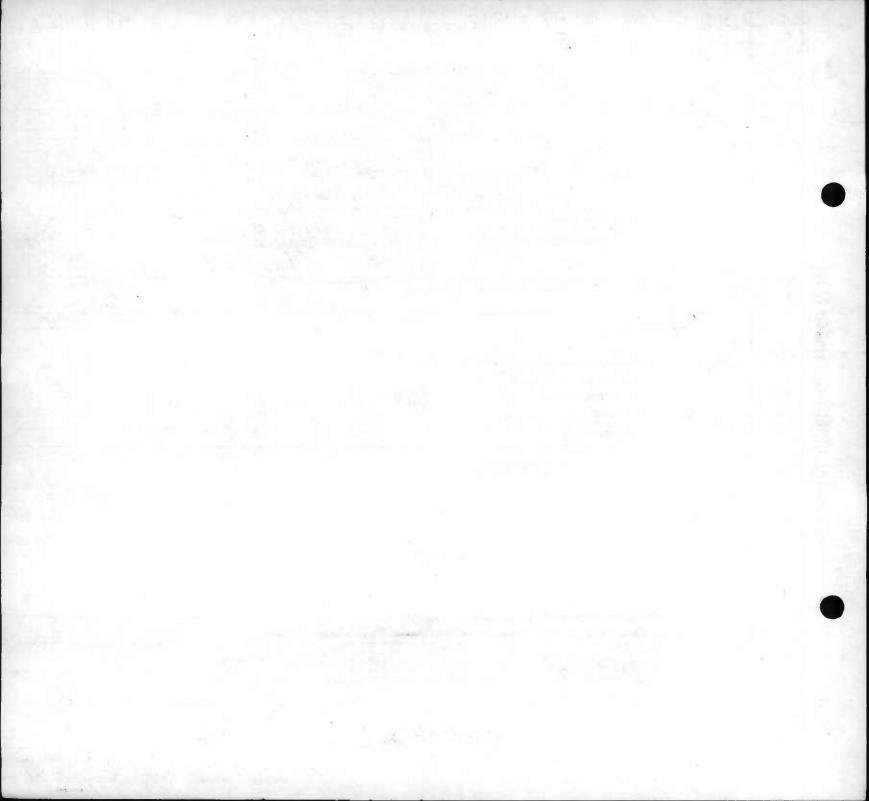
\$3-7-11

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CATOL H. PATTHUY CATOLS & WILKERS AT S. LA TIMULE IN-

		BIRTH
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	BIRTH M.E. 1. N.A. (Type 3. PL III) 10A. done
	f de con	3. PL
	ospi e o 5) D nce leat	FI
	a h e; (e nda	H
	in i	
	utir ed or de.	-
	trib min gul	2. 25
	con con ced	10A. done
	or Indentise in description	12 5
_	if cect (4) t we the	13. 1
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FUNERAL DIRECTOR: IMPORTANT	ctur ctur ar bal	11
10	fra fra fra egul	
REC	exa exa 3) A wh	
DIE	ical al (s) cian as i	
AL	edic edic ourn ysi	NOL
ER	dy le ple	MEDICAL CERTIFICATION
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	d to t of t of ital ital	
	den den osp dec mus	MEDICAL CERTIFICATION
	a h	2
	Vas Vas An An Orio	
	dy (3)	24A.
	This certificate must be the body was released the shows: (1) An accident owas D.O.A. at a hospita deceased prior to death written approval must b	254
	Thi the sha wa dec	1

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before or A. STATE B. COUNTY BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (If not in hospitol or institution, give street oddress or locotion) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE CITY 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before or A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE CITY A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before or A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE CITY A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before or A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE CITY A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before or A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rufol, give locotjon) G. T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF PIRTH 9. AGE (In yeors last birthdoy) Months: Days Hours 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Stote or foreign country) 12. CITIZEN OF
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Theresa Lynn Lowe 2. Date and Hour of Death Nov 6, 1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before on A. STATE B. COUNTY M.C. CITY OR TOWN (If outside city limits, write RURAL and give township) C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rufol, give location) Theresa Lynn Lowe 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before on A. STATE B. COUNTY M.C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rufol, give location) 9. AGE (In years If Under 1 Yr. If Under 1 Yr
(Type or Print) Theresa Lynn Lowe 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before on A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION University of Maryland Hospital D. STREET ADDRESS (If rufol, give location) S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 8. DATE, OF BIRTH 9. AGE (In years If Under 1 Yr. If Und
FULL NAME OF HOSPITAL OR Oddress or location) William of Hospital or Institution, give street oddress or location) William of Maryland Hospital B. COUNTY M. C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore City 21223 D. STREET ADDRESS (If rural, give location) G. RACE WIDOWED, DIVORCED (specify) F. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLAGE (state or foreign country) 112, CITIZEN OF
HOSPITAL OR INSTRUCTION Oddress or locotion) C. CITT OR TOWN (If outside city limits, write RURAL and give township) Baltimore City 21223 D. STREET ADDRESS (If rural, give location) AMARIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) 112, CITIZEN OF
HOSPITAL OR oddress or locotion) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore City 21223 D. STREET ADDRESS; (If rural, give location) G. SEX G. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single B. DATE, OF BIRTH 3/3/60 Gard Months: Days Hours Months: Days Hours 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) 112. CITIZEN OF
University of Manyland Hogpital Baltimore City D. STREET ADDRESS; (If rutol, give location) 9,7 Mc Henry Street G. RACE F. Canc. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single 10. DATE OF PIRTH 10. AGE (In years lost birthday) Months: Days Hours Months: Days Hours 10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) 11. CITIZEN OF
D. STREET ADDRESS (If rufol, give location) 97 MC Henry Street 1 Index 1 Yr. If Under 1 Yr. If
F. SEX G. RACE T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Stote or foreign country) 12. CITIZEN OF
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OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Stote or foreign country) (12, CITIZEN OF
one during most of working/life, even it retired) What COUNTRY?
3. FATHER'S NAME.
3. FATHER'S NAME
Marl Lowe Julia Ward
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
NO hors mary & willes molden
18. 401,3 1 CAUSE OF DEATH ONSET AND DE
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not meon the mode of dying, e.g.,
heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)
ANTECEDENT CAUSES (B)
DUE TO
DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoting the (C)
UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
194. DATE OF OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONSIDERED 198. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner) NA etc.)
21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX) While At NA Not While NA
Work At Work
22. I certify that (I) (this haspital) attended the deceased from 4 Nov 1967 to 6 Nov 19
22. I certify that (I) (this haspital) attended the deceased from 4 Nov 1967 to 6 Nov 19
22. I certify that (I) (this haspital) attended the deceased from 4 Nov 1967 to 6 Nov 19 that (I) (we) last saw the deceased give an 6 Nov 1967 and that in(my) (and apinian death accurred an
22. I certify that (I) (this haspital) attended the deceased from 4 NOV 1967 to 6 NOV 19 that (I) (we) last saw the deceased give an 1967 and that in(my) (and apinian death accurred an and haur and from the causes started above. (I) (Ma) (did) (did) view the bady after death.
22. I certify that (I) (this haspital) attended the deceased from 4 NOV 1967 to 6 NOV 19 that (I) (we) last saw the deceased give an 1967 and that in (my) (and apinian death accurred an and haur and from the causes started abave. (I) (Was) (did) (datase) view the bady after death. 23A. SIGNATURE
22. I certify that (I) (this haspital) attended the deceased from 4 Nov 1967 to 199 that (I) (we) last saw the deceased glive an 1967 and that in (my) (and apinion death accurred an and haur and from the causes stared abave. (I) (Ma) (did) (did) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff
22. I certify that (I) (this haspital) attended the deceased from 4 100 1967 to 6 100 19 that (I) (we) last saw the deceased glive an and haur and from the causes stared above. (I) (We) (did) (did ve) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Stoff Phys. 123B. DATE SIGNED 23C. PHYSICIAN'S 123D. ADDRESS
22. I certify that (I) (this haspital) attended the deceased from 4 190 1967 to 6 100 19 that (I) (we) last saw the deceased glive an 6 1967 and that in(my) (a) apinian death accurred an and haur and from the causes stared abave. (I) (a) (did) (did) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. 10 1000 0
22. I certify that (I) (this haspital) attended the deceased from 4 NOV 1967 to 6 NOV 19 that (I) (we) last saw the deceased give an and haur and from the causes started above. (I) (We) (did) (did see) view the bady after death. 23A. SIGNATURE Master Attending Med. Staff Phys. Phys. Staff Phys. Ph
22. I certify that (I) (this haspital) attended the deceased from 4 Nov 1967 to 6 Nov 19 that (I) (we) last saw the deceased give an and hour and from the causes stared above. (I) (We) (did) (did) view the bady after death. 23A. SIGNATURE Masstan Altending Med. Stoff Phys. 123B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) MARSTON A 10006 M.D. Attending Med. Director Phys. 123D. ADDRESS MARSTON A 10006 M.D. Winnersch, I would have been also
22. I certify that (I) (this haspital) attended the deceased from 4 NOV 1967 to 6 NOV 19 that (I) (we) last saw the deceased glive an and hour and from the causes stayed above. (I) (We) (did) (did we) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Stoff Phys. 1 Constants NAME (Type) NAME (Type) M.D. Attending Med. Director Phys. 1 Constants NAME (Type) N.D. Attending Med. Director Phys. 1 Constants NAME (Type) N.D. Attending Med. Director Phys. 1 Constants NAME (Type) N.D. Attending Med. Director Director Phys. 1 Constants NAME (Type) N.D. Attending Med. Director Dire
22. I certify that (I) (this haspital) attended the deceased from 4 NOV 1967 to 6 NOV 19 that (I) (we) last saw the deceased give an and haur and from the causes stared abave. (I) (Ma) (did) (did) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. A Constant of Phys. 1000 (Director Phys. NOV 6 Phys. NOV 6 Phys. 1000 (Director Phys. NOV 6 Phys. NOV 6 Phys. 1000 (Director Phys. NOV 6 P
22. I certify that (I) (this haspital) attended the deceased from 4 NOV 1967 to 6 NOV 19 that (I) (we) last saw the deceased give an and hour and from the causes stared abave. (I) (Was) (did) (did say) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. A Constant Phys. (A) NOV 6 23C. PHYSICIAN'S NAME (Type) M.D. Attending Med. Director Phys. (A) NAME (Type) M.D. Manual Manu
22. I certify that (I) (this haspital) attended the deceased from 4 NOV 1967 to 6 NOV 19 that (I) (we) last saw the deceased give an and haur and from the causes stared abave. (I) (Was) (did) (did) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. A Constant of Phys. 123B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) M.D. Attending Med. Director Phys. A Constant of Phys. 124D LOCATION (City. Town, or rounty) M.D. Marker (Type) M.D. M



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH	DEPARTMENT 67 10648
BIRTH NO. K-246 67 10648 CERTIFICATE OF	DEATH Registered Na. 07 10048
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
MRS.TILLIE KESSLER	NOV . 4,1967 4:40 A.M. M. RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE	B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY	R TOWN (If outside city limits, winte RUPAL and give township)
INSTITUTION	BALTIMORE. 21215 27-20
D. STREET	ADDRESS (If rurol, give locotion)
DELL'INTERIOR CONTROL	3312 Clarks Lane
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE O WIDOWED, DIVORCED (Specify)	F BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHE	
done during most of working lite, even if retired) HOUSEWIFE	NEW YORK
July 140 1/00	ER'S MAIDEN NAME
ABRAHAM ROSENBAUM	XXXXXXXXXX MARY COHEN
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	AANT ADDRESS ZZ.
NO 216 10 9573 Mu	Stox Kessler - 3416 Buch Hollow-
18.202. 1 1 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Lungle na
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	
injury ar complication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	JTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
[t3 2] A. A.C.CIDENT WAS LINDEDLYING [2] R. PLACE OF INTERPLACE OF	TOWNERS DID (III is Boltimore City give exect lession)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., I	TURY OCCUR?
U	1F. HOW DID INJURY OCCUR?
21 D. TIME (Month) (Day) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While Not Work Not Work	
22. I certify that (I) (this hospital) attended the deceased from 9/2	1/6719 10/1/4 1967.
11/5	4.7 and that in(my) (our) opinion death occurred on the date
ond hour and from the couses stated above. (1) (We) (did) (did not) view the b	ody after death.
23A. SIGNATURE	23B. DATE SIGNED
Rodelio An M.D. Attending Phys.	Med. Stoff Phys. 11-4-67
23C. PHYSICIAN'S NAME (Type) 23D. ADDR	,55 01/1/_
Podelo M, L/M M.D. 24A. BUHAL CREMATION, [24B. DAJE / [24C. NAME OF CEMETERY OF CREMATORY]	24D. LOCATION (City) was to gounty! (Note)
Memoral 115167 Har Nelso leme	tem silado sa
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. F	WERAL DIRECTOR AMPRESS
NOV 7 1967 (L. L. E. ELLERIN	Lunand Glos. Ine Gow Histerstown Ed.
VS 150-REV. 1/1/65	

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NSTITUTION oddress or locotion NSTITUTION OTHERAN HOS SEX 6. RACE FEMALE WHITE USUAL OCCUPATION (Give kind of work	ryLAND or institution, give street PITAL 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	4. USUAL RESIDENCE (Wh. A. STATE B. COU M.). C. CITY OR TOWN (IF o. BALTIMOR) D. STREET ADDRESS (I. 7809 LIBI	NTY utside city limits, write frurol, give location)	
FULL NAME OF ALE WHITE	or institution, give street PITAL 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	A. STATE B. COU M C. CITY OR TOWN (IF o BALTIMOR'	NTY utside city limits, write frurol, give location)	RURAL ond give township)
NSTITUTION LUTHERAN HOS SEX 6. RACE WHITE LUSUAL OCCUPATION (Give kind of work	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	BALTIMOR	Frurol, give location)	A CONTRACTOR OF THE PROPERTY O
FEMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	D. STREET ADDRESS (I	f rural, give location)	
FEMALE WHITE	WIDOWED, DIVORCED (specify)		ERTY RD	
	WIDOW	7-18-1890	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours
e during most of working life, even if retired)	108. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	AT HOME	CHICAGO		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
UNKNOWN		UNKNOWN		
Wos Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give wor or date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		MRS. FLORENCE	BERDANN, 781	1 LIBERTY ROAD
18.603X I		E OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIR	ECTLY (A)	UREMIA	******************************	
heart foilure, asthenia, etc. It means	the disease, death.)			
	ony, giving			
TO THE DEATH BUT NOT RELA	TED TO THE			
19A. DATE OF OPERATION 19B. CON WAS PERF	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or h	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e home, form, foctory, stree etc.)	e.g., in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	ere City, give exact location)
		21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Not At V			
22. I certify that (1) (this hospital) ottended the decepsed from	10/27/67	19to	10/3/ 196
that (I) (we) lost sow the decease	d olive on 11/3	19 67 ond t	hot in(my) (our) op	inion deoth occurred on t
23A. SIGNATURE				238. DATE SIGNED
J. Yunt	M.D.	Attending Med. Phys. Director	Stoff Phy s.	11/3/67
23C. PHYSICIAN'S NAME (Type) FQUERA	<u> </u>	A.D. LUTHER	AN HOSF	PITAL
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY of	CREMATORY 24D.	LOCATION (C	City, lown, or county) (S
BURIAL 11-5-67	BETH EL MEMORI	IAL PARK BA	LTIMORE, MAR	CYLAND
DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	HOUSEWIFE FATHERS NAME UNKNOWN Wes Decessed Ever in U. S. Armed Forson or unknown) (If yes, give wor or dole to the following to the followi	# during most of working life, even if retired) # HOUSEWIFE FATHERS NAME UNKNOWN Wes Decessed Ever in U. S. Armed Forces? **Shor or unknown) (If yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION SOLUTIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19-A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work At Vork While At Not Work At Vork While At Not Work At Vork BURIAL CREMATION, 24B. DATE AND CENTER OF REGISTRAR BURIAL CREMATION AND CENTER OF REGISTRAR BURIAL CREMATION	## DUISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart follower, ostherine, etc.) I migrate to the obove couse (A) stoling the UNDERLYING CONDITION lost. DISEASE OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or News Ferrormed) 21A. ACCIDENT WAS UNDERLYING DEATH (Indivended the deceased from the obove couse (A) stoling the UNDERLYING CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or News Ferrormed) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY (e.g., in or obout 21C. WHERE DID OF INJURY (A) work at work at which at work a	HOUSEWIFE AT HOME CHICAGO 14. MOTHERS MAIDEN NAME UNKNOWN Was Decessed Ever in U. S. Armed Forces? Into or unknown (III yes, give wor or doles of service) IB. COST CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hoot lolling, oshering, etc.) If means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) staling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITION S. II OTHER SIGNIFICANT CONDITION S. III OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED AN ACCIDENT WAS UNDERLYING TO RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED AN ACCIDENT WAS UNDERLYING TO RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 21D. TIME (Month) (Day) (Year) (Hour) Was PERFORMED AND While All Month (I) (this hospital) ottended the decepsed from 19 Town, form, fo

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LUTHERAN HOSPITAL

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10/21/61

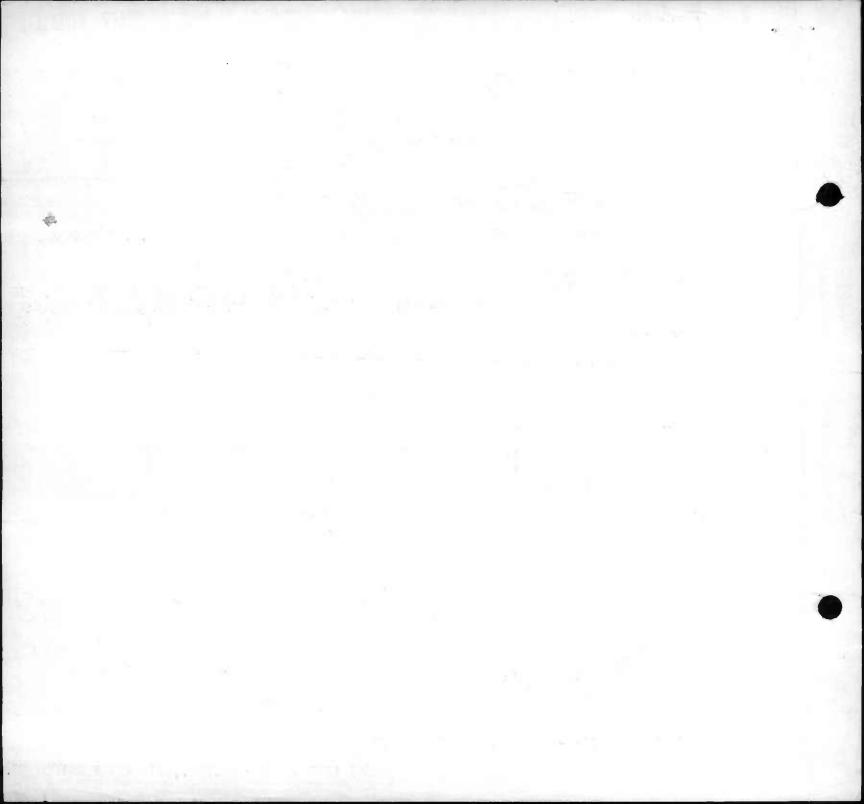
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LUTHERAN HOSPITAL

NET NO. 400 67 1	BALTIMORE CITY	HEALTH DEPARTMENT	67 10650
BIRTH NO.	CERTIFICA	TE OF DEATH Registered	No. 01 10030
1. NAME OF DECEASED	17	2. DATE AND HOUR OF DE	EATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4.	November 3	1967 5:15 P.M.
	Y	A. STATE B. COUNTY	
FULL NAME OF (II not in hospital or instituted and	ion, give street	C. CITY OR TOWN (If outside city limits,	write RURAL and give waship)
INSTITUTION	C Raltimore -	- /	28-31
, Sinai Hospital a	Z. Dallinge, The	D. STREET ADDRESS (If rurol, give location	n)
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	VC -
	OWED, DIVORCED (specify)	11/24/1894, Start birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working lite, even il retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	AT HOME	K455:01	U.S. AXXXXXXX
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
19 cob. Farris		XXXXXX TILLIE ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of serv		D. MRS. NOLLY HORWITZ.	5460 LYNVIEW AVE. #15
no.	219-07-4584	(3078000680XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CARBONOK YSC XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. 420, 1	CAUSE O	F DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	ardiogenia. Shall	. 10 hrs
(This does not mean the made of dying, heart failure, osthenio, etc. 11 means the disc			
injury or complication which caused deoth.)	/	Myocardial Interct	2.2
ANTECEDENT CAUSES	DUE TO	To car of a series	W. 6-3
DISEASES OR CONDITIONS, if any, gi			
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE	JTING		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE		
19A. DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, VIN CERTIFYING	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID (If in Bo ffice bldg., INJURY OCCUR?	ltimore City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Work Not While At Work	e	
22. I certify that (1) (this hospital) attend		/3 1967 to	11 3 1967 ,
that (1) (we) last saw the deceased alive	game / pa	/) opinion death occurred an the date
and hour and from the causes stated above	e. (I) (We) (did) (did nat)	7	
23A. SIGNATURE	M		238. DATE SIGNED
I Medin the	Phy		11/3/1967
23C.PHYSIO(AN'S NAME (Type)		23D. ADDRESS	0 1/5
24A. BURIAL CREMATION, 248. DATE 24	M.D.	NATORY TOSPITAL	OF Bultanore
REMOVAL (Specify)	C. NAME of CEMETERY or CR		(City, lown, or county) (State)
BURIAL 11-5-67	ANSHE EMUNAH ATT	Z CHAIM BALTIMORE,	MARYLAND
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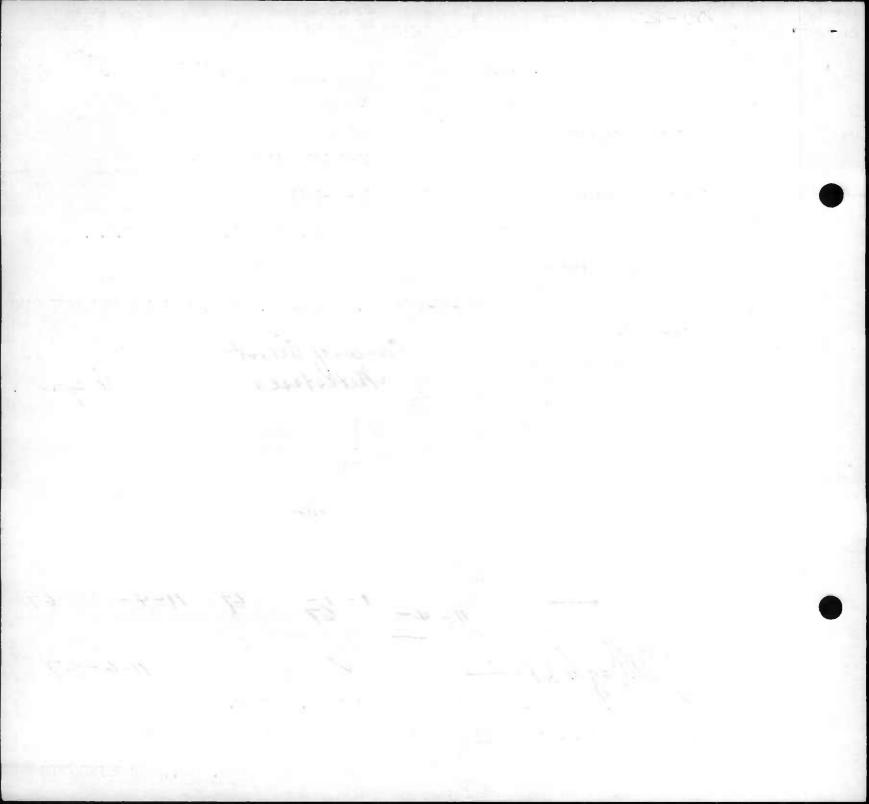
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SOL LEVINSON & BROS. INC. ,6010 REISTERSTOWN

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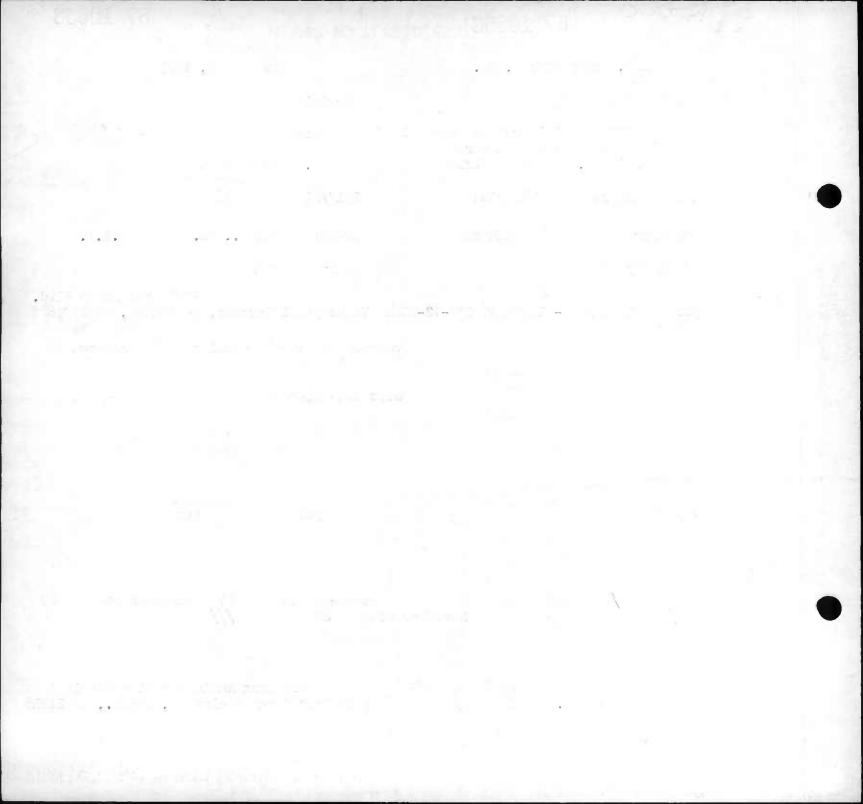
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approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	-	4	h); and (6) No physician was in regular attendance on the deceased prior to death. Such	200	
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Ė	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death	written approval must be obtained before the remains are embalmed or final disposition is made.	

	m-220 67	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y HEALTH DEPARTMENT A TE OE DE A TLL Registered No.	67 10652
M	IRTH NO. A.E. CASE NO. I NAME OF DECEASED	CERTIFICA	ATE OF DEATH Registered No.	. #3
	ype or Print) FRANCES	K. MOSES	NOVEMBER 4, 1967	8 30 PM.
3.	PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in A, STATE B. COUNTY	stitution: residence before odmission)
	FULL NAME OF (If not in hospital HOSPITAL OR oddiess or location	or institution, give street	MARYLAND C. CITY OR TOWN (II outside city limits, write	PILEAL and give towardia
	3201 1/2 FALLSTAFF R	OAD	BALTIMORE	27-20
	00		D. STREET ADDRESS (If rurol, give locotion) 3201 1/2 FALLSTAFF ROAD	
	FEMALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 10-20-1913 9. AGE (In years lost birthday) 54	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA, USUAL OCCUPATION (Give kind of wor one during most of working life, even if retired)	k TOB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	AT HOME	NORFOLK, VIRGINIA	U.S.A.
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1.5	LATE WILLIAM KOLODNY 5. Was Deceased Ever in U. S. Armed Fo	ices? 16, SOCIAL	JENNIE EISENBERG	ADDRESS
(Y	res, no or unknown) (If yes, give wor or dot	es of service) SECURITY NO. 216-56-6929		
-	18. 1 70 X 1		DR. BENJAMIN B. MOSES, 3201	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY	, , ,	ONSET AND DEATH
	LEADING TO DEATH	dying, e.g., DUE TO	nexes of areast	
	heart failure, asthenia, etc. It means injury or complication which caused	s the disease, d death.)	Pretiestases	6100
	ANTECEDENT CAUSES	S (B)		
	DISEASES OR CONDITIONS, if	any, giving		
	UNDERLYING CONDITION last.	(0)		
	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE		
, olaia	19A. DATE OF OPERATION 19B. COM	NDITION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	e City, give exact location)
1	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Work At Work		10
	22. I certify that (I) (this haspite			-4- 1967.
	that (I) (we) lost saw the deceas		19 7 ond that in (my) (our) opi	
	and hour and from the couses sta	oted obove. (I) (We) (did) (did not)	· ·	
	23A. SIGNATURE	/ / M.D. A	ttending Med. Stoff	23B, DATE SIGNED
	23C. PHYSICIAN'S	The Ph	rys. Director Phys. 23D. ADDRESS	11-6-61
	23C. PHYSICIANS (YAME (Type) DR. TILL TUS	M. WAGELSTEIN M.D	1111 07 01111 07	
2	4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C		ty, town, or county) (State)
	BURIAL (Specify) 11-6-6	7 CHIZUK AMUNO	BALTIMORE, MAR	RYLAND
2	SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	NOV 7 1967	Robert E. Farberte	SOL LEVINSON & BROS. INC.	,6010 REISTERSTOWN RI

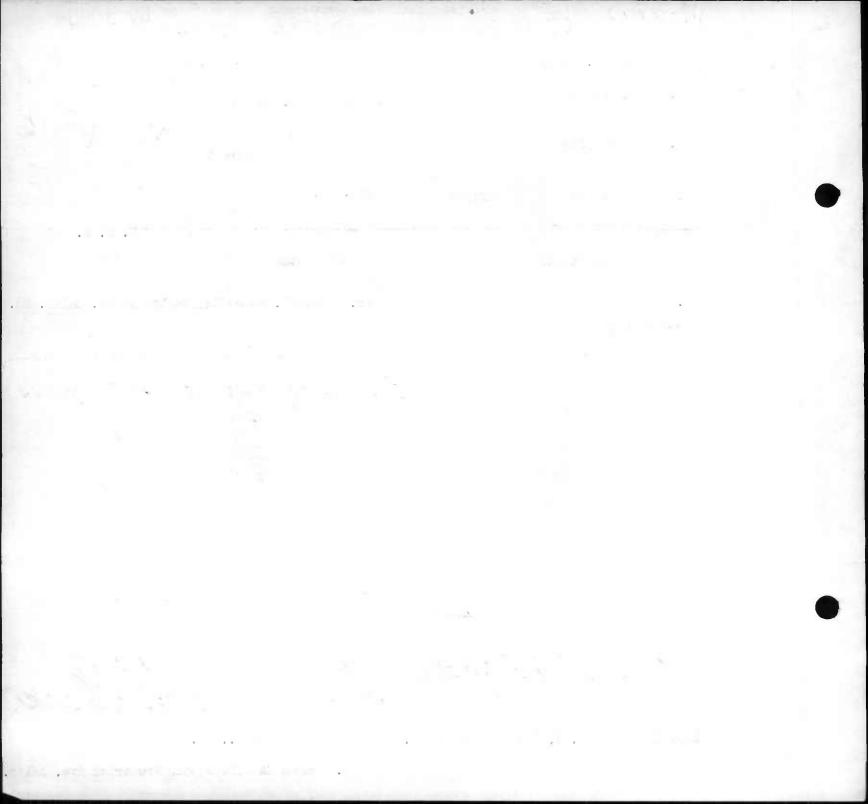


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

R-000	BALTIMORE CITY	HEALTH DEPARTMENT		67 10653
BIRTH NO. 67	10653 CERTIFICA	TE OF DEATH	Registered No.	01 10000
M.E. CASE NO.	CERTIFICA		HOUR OF DEATH	
(Type or Print) ROY, James Alfr	od Cm			
3. PLACE OF DEATH IN BALTIMORE, MARYLA			ber 6, 196	nstitution: residence before admission)
		A. STATE B. COUNTY		
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	nstitution, give street	Virginia		
INSTITUTION	testica Nasattal		le city limits, write	RURAL and give township)
Veterans Adminis		Mannassas D. STREET ADDRESS (If rur	ol, give location)	TO
3900 Loch Raven				
Baltimore, Maryl 5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	923 N. Henry	AGE (In veors	If Under 1 Yr If Under 24 Hrs.
	WIDOWED, DIVORCED (specify) Married		146	ff Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Laborer	unknown	Prince Coords	C Va	
13. FATHER'S NAME	ankirowii	Prince George	Vas Vas	U.B.A.
John Roy		Mamie Anderson		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO.		3900	Loch Raven Blvd.
yes 10/17/h2 - 10	/26/45 227-12-42hl	VA Hospital Rec	ords, Bali	timore, Md 21218
18. 443 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	TLY	rtensive cardiova	ascular	unknown
(This does not mean the mode of dy	(A)	disease		
heart failure, asthenia, etc. It means the	disease,	arboase		
injury or camplication which caused dec		cystic kidneys		unknown
ANTECEDENT CAUSES	DUE TO	-J.D.D.Z.O		
DISEASES OR CONDITIONS, if only, rise to the abave cause (A) sta				
UNDERLYING CONDITION lost.	(6)			
II.		:::-		
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
		1200	OOD IR HE	
19A. DATE OF OPERATION 19B. CONDITI	ION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	yes	yes (If in Boltimo	are City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	tir in politing	ire City, give exact locollant
21D. TIME (Month) (Day) (Year) (H	Tour) 21E INJURY OCCURRED	21 F. HOW DID INJUI	RY OCCUR?	
S OF INJURY (APPROX.)	While At Not While At Work	e		
22 1		November 5th 19	67. M	rember 6th 1967 ,
22. I certify that (1) (this hospital) of that (1) (we) lost sow the deceased a	trended the deceased from	November 5 bit 19	1/1/	ember oun 1901,
			in my (our) of	oinlon deoth occurred on the dote
ond hour ond from the couses stoted	obove. (I) (We) (did) (did not) v	iew the body ofter deoth.		
23A. SIGNATURE				23B, DATE SIGNED
	M.D. Atte		hy s.	
23C. PHYSICIAN'S NAME (Type)	- timeny	23D. ADDRESS Veteran	s Administ	cration Hospital
RALPH H. TW.	INING & M.D.	3900 Loch Raven	Boulevard	d, Balto., Md 21218
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CRE			
	24C. NAME OF CEMETERS OF CRE	240. 200		City, town, or county) (Stote)
REMOVAL (Specify)	1 D 11.11 d			
Bueia 11-10-67	1 D 11.11 d	25C. FUNERAL DIRECTOR	lanasso	1
Bueia 11-10-67	Rose Hill Co	em. 1		is, Va.



TH NO. E. CASE NO.	01	1.000	EXECUTIFICA	TE OF DEATH	Registered No	•
AME OF DE				2. DATE	ovember 4, 196	
	mes Hospital OF (If not in hospital		live street	4. USUAL RESIDENCE (VA. STATE B. CO	UNTY	institution: residence before admiss
HOSPITAL OR	oddress or locolio	n)	4 1133	Baltimore 21	autside city limits, write	e RURAL and give township)
	mes Hospital			523 Wellesle	y Street	
F.	6. RACE White	WIDOWED	NEVER MARRIED , DIVORCED (specify) ried	Aug. 10,1909	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Manths Days Hours Min
	working life, even il retired)	k 10B, KIND OF	BUSINESS OR INDUSTRY	Baltimore, N		12. CITIZEN OF WHAT COUNTRY?
FATHER'S NA	John Stahle	•		Julia Stahl		
Was Decease s, no or unknow No.	d Ever in U. S. Armed Fai	rces? es of service)	1 6. SOCIAL SECURITY NO.	Mr. Robert M.	McCoy 523 We	ADDRESS
1B. 460			0.1110	F DEATH	-	INTERVAL BETWEEN
(This does	ISE OR CONDITION DIL LEADING TO DEATH not mean the mode of , osthenio, etc. 11 meons mplication which caused ANTECEDENT CAUSES	dying, e.g., the disease, death.)		sential)	Reclusion Hyperten	ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
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(This does heart failure injury or co DISEASES rise to II UNDERLYIN OTHER SIGN TO THE I DISEASE OF 19A. DATE OF INJURY (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certifithat (I) (we ond haur are 23A. SIGNAT.) 23C. PHYSICI NAME (A. BURIAL CR. REMOVAL.)	LEADING TO DEATH not mean the mode of , osthenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) IG CONDITION last. II HIFICANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING IF OPERATION 198. CON WAS PER ENT WAS UNDERLYING UTING CAUSE OF ly medical exominer) (Manth) (Day) (Year) by that (I) (this hospito a) last sow the deceose and fram the couses sto URE MAN'S Type) EMATION, 1248. DATE	dying, e.g., the disease, death.) any, giving stoling the CONTRIBUTING ATED TO THE IT. IDITION FOR WATED (Hour) 21E. Whill World	PLACE OF INJURY (e.g., in factory, street, all lings of the many o	20A. AUTOPSY? (Yes and an or about 21C. WHERE DID and INJURY OCCUR 21F. HOW DID 21F. HOW DID 21F. HOW DID 22D. ADDRESS 23D. ADDRESS 23D. ADDRESS	IN CERTIFYING CO. (If in Boltom INJURY OCCUR? INJURY OCCUR? Ithat in (my) (aur) a th. Stoff Phys.	ONSET AND DEATH 30 YEAR SEE FINDINGS CONSIDERED CAUSES OF DEATH? 19 6 19 10



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BI RT	H NO.	MEDI	CAL EXAM	AINER'S C	ERTIFICAT	E OF D	EATH Register	ed Na.	7 711	177
M.I	CASE NO.									
	NAME OF DEC						HOUR PRONOUNCE		-	
1.71	Je 01 1 111111	JERON	E H. BAILEY			Nove	mber 5, 196	7	5 :10	A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township)						
INS	HOSPITAL OR ADDRESS OR LOCATION) 933 W. Fayette Street				Baltimore D. STREET ADDRESS (If rurol, give locotion) 933 W. Fayette Street					
5. \$		6. RACE	7. MARRIED, NEVE	CED (specify)	B. DATE OF BIRTH		9. AGE (In years last birthday)	If Under	1 Yr. If Unde Doys Hours	
don:	dusing most of v				BALT 14. MOTHER'S MA		Bowst	w.	T COUPTRY?	
Yes	WAS DECEASE	D EVER IN U.S. ARMED		CURITY NO.	17. INFORMANT	118 B.	prem 63	ADDRESS 3 W	Foys	F1'8
-	IB. HOISEA	SE OR CONDITION DI	DECTI V	CAUSE	OF DEATH				INTERVAL BE	
	(This does in heart failure,	(A)		(A) Arte:	riosclerot	ic hear	t disease		. 60400 0000 000 00000000000000000000000	DD 000 000 000 000
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					************************************	.00600 00000 0	- wid 0 dia 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
TION	(C)					0 00 0000000000000000000000000000000000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								. 0111 = = 0 = = 0 = 0 =	
١.	21	F OPERATION 198 CON WAS PERI		H OPERATION	Yes	Yes of No) 2	OB. IF YES, WERE FIN N CERTIFYING CAUS YES	ES OF DE	ON SIDERED	
¥	21 A. EXTERNA	L CAUSE WAS	21B. PLACI	OF INJURY (e.g.,	in or obout 21 C. W	HERE DID	in Boltimore City, giv	e exoct lo	cotion)	

21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME (Month) (Doy) (Yeor) (Hour)

home, form, factory, street, office bldg., INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

OF INJURY 22.

21 E. INJURY OCCURRED m. WHILE AT NOT WHILE

and that an this basis, death in my apinlan

I certify that I held an Inquiry resulted from: Natural couses X

Autopsy X Inspection Accident Sulcide

Homicide __ Undetermined manner

ACTUAL SIGNATURE.

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X

DATE SIGNED

EXAMINER'S Charles S. Springate, M.D. NAME (Type)

ASSOCIATE MEDICAL EXAMINER

November 5, 1967

23A. BURIAL CREMATION. 23B. DATE REMOVAL (Specify)

23C. NAME of CEMETERY or CREMATORY

(City, town, or county)

(Stote)

JMuc Cl

VS 151-REV. 1/1/65

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a hospital and

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attendance

was in regular

death

who pronounced

(except where the

was D.O.A. at a hospital

the body

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prior

(If outside city limits, write RURAL

Franklin Grant

2. DATE AND HOUR OF DEATH 11-5-67

2:10P.M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

FULL NAME OF HOSPITAL OR

(If not in hospital or institution, give street

Provident Hospital, Inc. 1514 Division Street

Baltimore, Maryland 2121

F. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)

1027 N. Mount B. DATE OF BIRTH

9. AGE (In years lost birthdoy) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours

Maryland

Baltimore

C. CITY OR TOWN

D. STREET ADDRESS

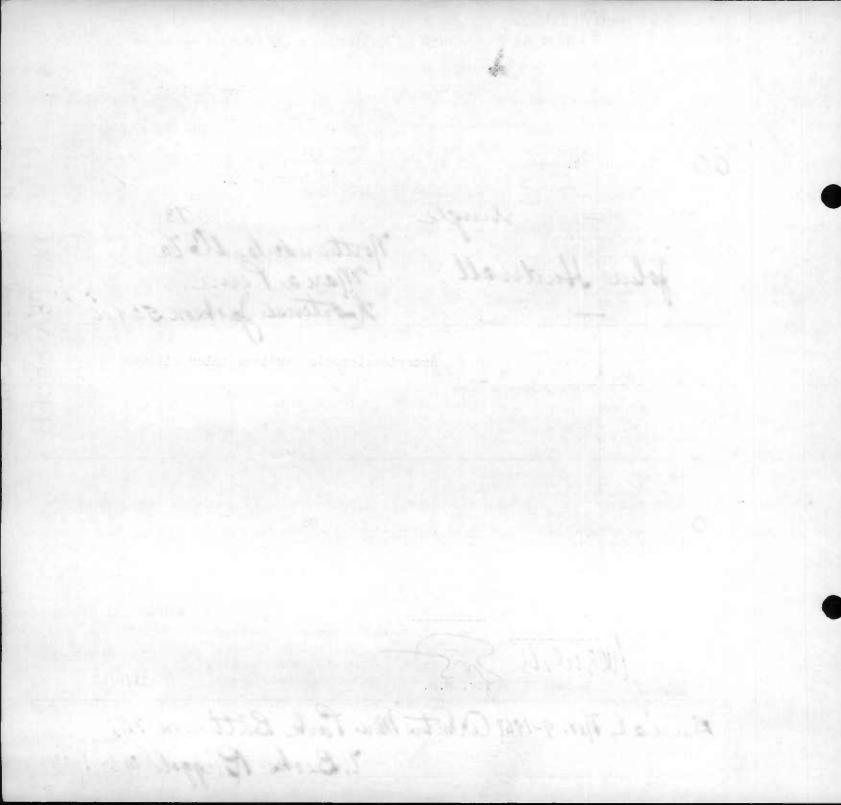
VS 150-REV. 1/1/65

Bal	timore, Mary	land 21217	1027 N. Mo	unt Street			
5. SEX 6. RACE	7. MARRIED, WIDOWED	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi		
Male Negro	Sing	cle ?	4-28020	47 vrs.			
IOA, USUAL OCCUPATION (Give I		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Lasunsn	Conne	NE FACTOR	Maryland		U.S.A.		
13. FATHERS NAME	CA IVIC.	7	14. MOTHER'S MAIDEN	NAME	0.0.7.		
Clarenon	n		Unkn	an m			
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give v	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NO				kins, 3410 Wo	oodbrook Avenue		
DISEASE OR CONDI	DEATH		rebro-Vascu	elar Accid	INTERVAL BETWEEN ONSET AND DEATH		
(This daes not meen the heart failure, asthenia, etc. injury or complication whic	Il meons the diseose,	DUE TO					
ANTECEDENT	CAUSES	(B)		t direkterile distilarik distirak direkt siran qardana ifa sirap direm sa sasan dara, sa ga sa saqa qarap ya sa ya ya ya ya ya			
DISEASES OR CONDITIO							
rise la lhe above co UNDERLYING CONDITION		(C)	оримуру (10 ол ни 60 оол ол ни 86 оол лар л 6 оол маа билет				
OTHER SIGNIFICANT COND TO THE DEATH BUT IN DISEASE OR CONDITION C	OT RELATED TO THE						
19A. DATE OF OPERATION	19B. CONDITION FOR V	VHICH OPERATION	NO NO	No) 208, IF YES, WERE F	INDINGS CONSIDERED		
OR CONTRIBUTING CAUS DEATH (notify medical exami-	RLYING 21B. E OF hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE DI	(If in Boltimore	City, give exact location)		
OF INJURY (Month) (Do	(Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
OF INJURY	Whi	le At Not While	e 🗌				
22 Leastify that (1) (this	hospital) attended th			1067 +NOVE	ber 5, 1967		
that (I) (we) last saw the		ovember 5,	19 67 one	that in (my) (our) apti	nian death accurred on the		
that (I) (we) last saw the deceased alive an November 5, 1967 and that in (my) (our) apinian death accurred on the data and have and from the causes stated above. (I) (We) (did) (did not) view the bady after death.							
23A. SIGNATURE	10				238. DATE SIGNED		
neaver	5 Jeng	M.D. Att.	ending Med.	Staff Phys. Spr	11-6-67		
23C. PHYSICIAN'S	0		23D. ADDRESS	7 %	11-0-07		
NAME (Type)	Gregorio S	· Tengco. M.D.	1514 Divisio	on Street F	Balto., Marylan		
24A. BURIAL CREMATION, 24B.	DATE 24C. NA	ME of CEMETERY OF CR			ty, town, or county) (Ste		
REMOYAL (Specify)	10/67		m 1	Jack-m.			
25A, DATE REC'D BY HEALTH D	EPT. 25B. NAME C	, ,,	25C. FUNERAL DIREC	77777	ADDRESS		
	967 20 8-	alle and	marria	1 P Homes	35 N BILM		

. 111/1: THE RESERVE OF THE STATE OF THE Simply of the life, and the total of The second of th perfect the state of the state

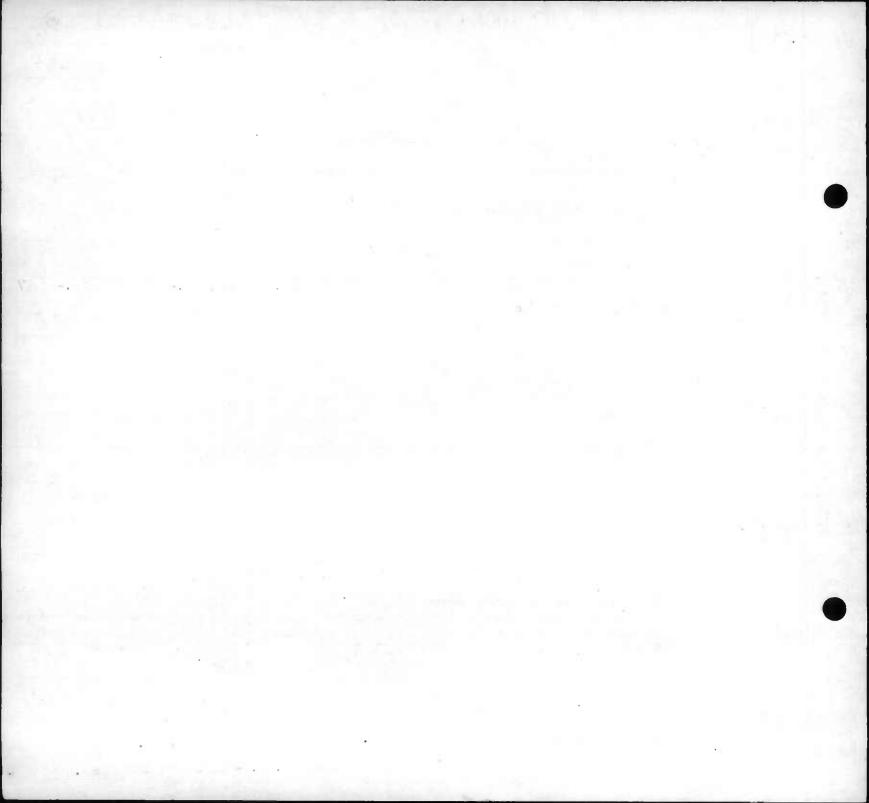
67 10657 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10657

M.	E CASE NO.	1.0	1					
	NAME OF DEC					2. DATE AN	D HOUR PRONOUNCED	DEAD
	ROBE	RT	in "	HUDNALL		Nove	ember 5, 1967	11:40 A.M.
3. P	LACE IN BALT	MORE, MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL A. STATE Ma	ryland	deceased lived. If institut B. COUNT	tian: residence befare admission)
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	C. CITY OF	TOWN (If autside	e carparate limits, write RI	URAL and give township)
INS	TITUTION				P	altimore	111	-03
7	O 524 L	aurens St.				ADDRESS (If rural,	give (acation)	
					5	24 Laurens	s St.	
5. S	EX	6. RACE		EVER MARRIED	B. DATE OF	BIRTH		If Under 1 Yr. If Under 24 Hrs.
	Male	Negro	. 1	VORCED (specify)			last birthday!	Manths Days Haurs Min.
	USUAL OCCU	PATION (Give kind of world	-		Y 11. BIRTHPL	ACE (State or foreig	n country)	2. CITIZEN OF
done	e during most of w	rarking life, even if retired)	I STATE OF		Month	Lunden 1	1/2 7/2	WHAT COUNTRY?
13.1	ATHER'S NAM	E// //	1	AD	IA. MOTHER	S MAIDEN NAM	De la la	
	Va	lu Hu	dua	ll	m	Aria Y	00101	
		EVER IN U.S. ARMED		6. SOCIAL	17. INFORM	ANT	D A	DDRESS / Lary
res	, na ar unkayawn)	(If yes, give war ar date	es at service)	SECURITY NO.	24-8	Tenol.	be aleson.	50 4 Kriumo 1
	1B. /		1	CALLS	E OF DEATH		Journa 1	INTERVAL BETWEEN
	and	6 1 I		CAUS	E OF DEATH	(ONSET AND DEATH
	DISEAS	E OR CONDITION DI LEADING TO DEATH		Arteri	osclero	tic Cardio	nvascular Dis	ease
	(This daes n	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or con	nplication which caused	death.)					
	Δ	NTECEDENT CAUSE	•					
		OR CONDITIONS, IF A		(B).				
	RISE TO THE	E ABOVE CAUSE (A) S'	TATING THE					
Z				(C)				
E		II II						
<u>√</u>		IFICANT CONDITIONS DEATH BUT NOT RE						
T	DISEASE OF	CONDITION CAUSING	G IT.					
CERTIFICATION	19A. DATE OF	OPERATION 198, CON		HICH OPERATION	20A. AUT		20B. IF YES, WERE FIND IN CERTIFYING CAUSES	
_	21 A. EXTERNAL	CALLSE WAS	210 01	ACE OF INTURY /	:b10:	No	(If in Pale of City	and the disch
MEDICA	UNDERLYING UTING CAU	OR CONTRIB-	hame,	farm, factory, street,	affice bldg., IN	JURY OCCUR?	(If in Baltimare City, give	exact (acation)
Σ	21D TIME	(Manth) (Day) (Yea	r) (Haur) 21E	. INJURY OCCURRED	21	F. HOW DID INJU	JRY OCCUR?	
	OF INJURY (APPROX.)		m. WH	HILE AT NOT AT V	WHILE			
	22.	ify that I held an I	nquiry _	Inspection X Au	tapsy 🗌	and that an thi	is basis, death in my	opinian
H	result	ted from: Natural ca					Indetermined manner	
		CHIEF MEDICAL EVALUATED						
	ACTUAL	· 1111/2112	1/2	200		T MEDICAL EX		DATE SIGNED
	SIGNATI							11/6/67
	EXAMIN NAME (1		r U. Spy	tz, M.D.	ASSOCIA	E MEDICAL EX	KAMINER	11/6/67
	. BURIAL CREA	MATION, 238. DATE	23 C .	NAME OF CEMETER	or CREMATO	1 23 D. L	OCATION (City, to	wn, ar caunty) (State)
KEN	AOVAL (Specify	al nor	9-19/7/	a latera 1	May. 7	ask F	attende	mi
244	DATE REC'D	BY HEALTH DEPT.	24B, NAME O	F REGISTRAR	24C, FL	INERAL DIRECTOR	ncuman	ADDRESS
		10V 7 1967	120 B	E. For Duna	7/	Buckey	Pinal	SN1570
VS	151-REV. 1/1/6		1210	C , (())	10,1	surra)	inggou	1400 11 anny



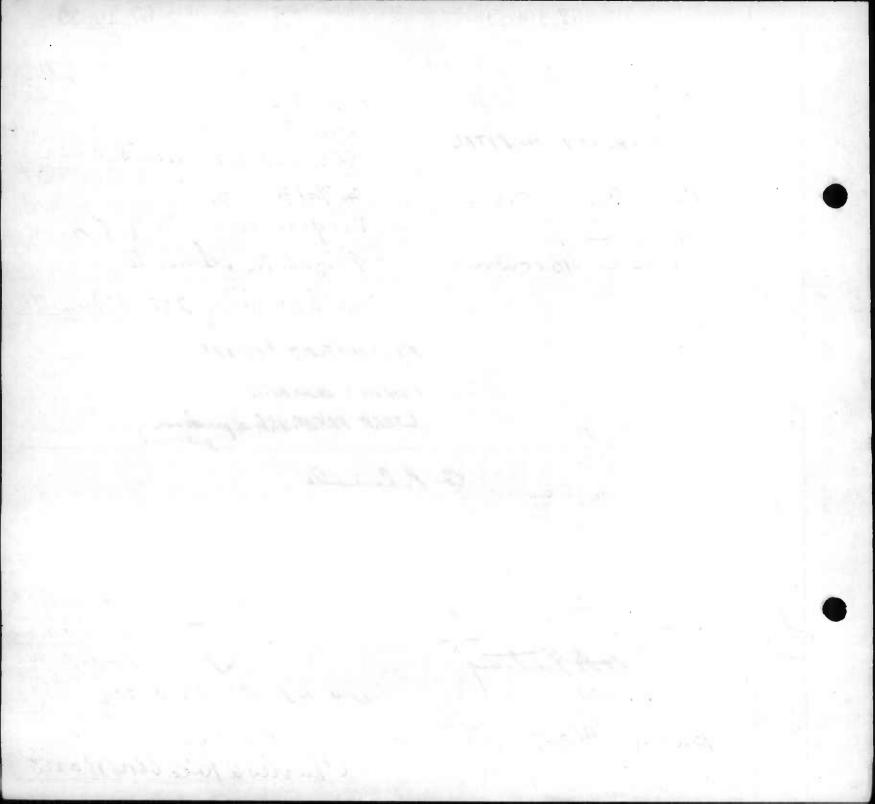
1/	7005	
	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
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FUNERAL DIRECTOR: IMPORTANT	ner actu pro pro pro mbo	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	An at at	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	Vs: D.C D.C	
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	F = 0 > 0 >	

BIRTH NO. 52-0 67 10658 BALTIMORE CITY	Y HEALTH DEPARTMENT ATE OF DEATH Registered No. 67 1	0658					
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH						
(Type or Pant) NOMICK, MYRIZE	NOU. 8 1967 4	1:35-AN					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE	e before admission)					
FULL NAME OF (If not in hospital at institution, give sheet address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and piness)	to waship					
Tranklus Squar Hosp.	D. STREET ADDRESS (If rural, give location) 122 S. GILMOR ST.						
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED (Specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months; Days 71	If Under 24 His Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT CO	UNTRY?					
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,,					
& WILLIE SMOOT	ELATHA SMOOT						
16. SOCIAL SECURITY NO. No. 233 2231	17. INFORMANT Geo. Nomick, Jr128 5thpr - HOSP CHART	₩e2122					
		AL BETWEEN					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Parte Myseshil M	AND DEATH					
(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	E. Bruston						
injury or complication which coused death.)	7,000						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	Atenneliste Heat Di	± 10					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		/					
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONS	IDERED					
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	in at about 21 C. WHERE DID (If in Boltimore City, give exact office bldg., INJURY OCCUR?	t location)					
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX.) Work At Work	70 169 1/0	8 12					
22. I certify that (I) (this hospital) ottended the deceosed fram	19 ta /	19 😂 /					
that (1) (we) lost sow the deceased alive on 1947 and that in (my) (our) apinion death occurred on the date							
ond hour and from the causes stated abave. (1) (We) (did) (did nat)	view the bady after death.	150					
Real for M.D. At	tending Med. Stoff Phys.	8/67					
23C.PHYSICIAN'S NAME (Type) M.D.	230. ADDRESS fryklin Square Hon						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		ty) (Stote)					
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR AD	DRESS					
NOV 7 1967 R. C. F. E. Frederick	Witzke F. D 4101 Edmondson A	ve.					
VS 150-REV. 1/1/65	(1)						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

			0/11110/03/4				
BIRTH NO.	0659 CERTIFICA	TE OF DEATH Register	ed No.				
M.E. CASE NO.	-	2. DATE AND HOUR OF	DEATH				
Type or Print)	BROWN	2. DATE AND HOOK OF	7 1 1 7 0.				
Type or Print) STEPHEN. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceased li	ved. If institution: residence before admission				
TEACT OF SEATH IN SPETIMONS WHAT		A. STATE 8. COUNTY	77 119				
FULL NAME OF (If not in haspital or i	institution, give street	MARYLAND	La Land				
HOSPITAL OR address or location) INSTITUTION		1 04	s, write RURAL and give township)				
2 QUNIVERSITY F	42501701	Ballimor					
3 X ONIVERSITY	1038/11AC	D. STREET ADDRESS (If word, give local					
			mois ane				
S. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (tn ye	ars If Under 1 Yr. If Under 24 Hrs Manths Doys Haurs Min.				
M	m	7/10/96 7/					
OA, USUAL OCCUPATION (Give kind of work 101	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?				
dane during most of working life, even if retired)		Vuginia	1) (A				
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME	03,77				
La La Cara	- 1804	0 0 0 11	mi II				
6151 131	owv	Elizabeth S	The the				
5. Was Deceased Ever in U. S. Anned Forces' Yes, no or unknown) (If yes, give wor ar dotes o	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
tes, no or official with the year, give were at once o	SECONIII NO.	Mastle o Hilleles	220 & tremont				
118	CAUSE O	DE DEATH	INTERVAL BETWEEN				
18.5 0 2, / 1		4	ONSET AND DEATH				
DISEASE OR CONDITION DIREC	TLY	SPIRATORY FAILURY					
	ving e.g. DUE TO	PIRMIUNI					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,							
injury or camplication which caused death.)							
ANTECEDENT CAUSES	DUE TO						
DISEASES OR CONDITIONS, if any, giving 1 DROP DICUMPANT							
rise to the above cause (A) st. UNDERLYING CONDITION last.	ating the (C)	111 / 10001-101VIFA -4 post	2241				
OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING						
O TO THE STATE	D TO THE	0					
TO THE DEATH BUT NOT RELATE	Con Pull	Anna Durke					
DISEASE OR CONDITION CAUSING IT.	- con rul	[20 A. AUTOPSY? (Yes or No.) 20 B. IF YES	, WERE FINDINGS CONSIDERED				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDIT WAS PERFOR	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES IN CERTIFY	WERE FINDINGS CONSIDERED				
198. CONDITION 198. CONDITION WAS PERFOR	TION FOR WHICH OPERATION RMED 218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in	WERE FINDINGS CONSIDERED ING CAUSES OF DEATH? Baltimare City, give exact lacohan)				
198. CONDITION WAS PERFOR WAS PERFOR OR CONTRIBUTING CAUSE OF	TION FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, foctory, street, c	in or about 21 C. WHERE DID (If in	ING CAUSES OF DEATH?				
19A-DATE OF OPERATION 19B. CONDIT WAS PERFOR OR 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	TION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21 C. WHERE DID (If in fifice bldg., INJURY OCCUR?	Baltimare City, give exoct lacolian)				
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198. CONDITION 198. CONDITION WAS PERFORE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Doy) (Year) (APPROX.)	TION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, farm, factory, street, detc.) 218. PLACE OF INJURY (e.g., home, farm, factory, street, detc.) While At Nat White At Work Nat Work	in or obout 21C. WHERE DID (If in fiftce bldg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR	Baltimare City, give exact lacokan)				
19A-DATE OF OPERATION 19B. CONDIT WAS PERFOR OF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 O TIME (Manth) (Doy) (Year) (APPROX.) 22. I certify that (I) (this hospital) of the contribution of the con	TION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 21E. INJURY OCCURRED While At Nat White Wark Not White optended the deceosed from	in or about 21 C. WHERE DID (If in office bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR	Baltimare City, give exact lacolian)				
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19A.DATE OF OPERATION 19B. CONDIT WAS PERFOR OF CAUSE OF DEATH (natify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ON CAUSE OF DEATH (natify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CAUSE OF C	TION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 21E. INJURY OCCURRED While At Nat White At Work Ottended the deceosed from alive on data above. (1) (We) (did) (dld not)	in or obout 21C. WHERE DID (If in fiftce bldg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR 21F. HOW DID INJURY OCCUR 19 7 ond that in (my) (view the body ofter death.	Baltimare City, give exact lacohan)				
19A-DATE OF OPERATION 19B. CONDIT WAS PERFOR OF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased ond hour and from the causes stated 23A. SIGNATURE	TION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) Not White At Not White At Work Not White At Not Work At W	in or about 21C. WHERE DID (If in office bidg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR 21F. HOW DID INJURY OCCUR 19	Baltimare City, give exact lacohan)				
19A-DATE OF OPERATION 19B. CONDIT WAS PERFORM WAS PERFORM WAS PERFORM WAS PERFORM WAS PERFORM WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Doy) (Year) (OF INJURY (APPROX.) 22. I certify that (I) (this haspital) of that (I) (we) lost sow the deceased ond hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) POP that	TION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 21E. INJURY OCCURRED While At Nat White At Work ottended the deceosed from alive on	in or obout 21C. WHERE DID (If in fiffice bldg., INJURY OCCUR?) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 ond that in (my) (view the body ofter death. 23D. ADDRESS WWW VERSITY	Baltimare City, give exact lacohan) 196 7 our) opinion death occurred on the do 238 DATE SIGNED				
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19A-DATE OF OPERATION 19B. CONDIT WAS PERFORM WAS PERFORM WAS PERFORM WAS PERFORM WAS PERFORM WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Doy) (Year) (OF INJURY (APPROX.) 22. I certify that (I) (this haspital) of that (I) (we) lost sow the deceased ond hour and from the couses stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) POP that	TION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) 21E. INJURY OCCURRED While At Nat White At Work ottended the deceosed from alive on	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR ite	Baltimare City, give exact lacohan) 1.				
19A. DATE OF OPERATION 19B. CONDIT WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 O O O O O O O O O O O O O O O O O O O	TION FOR WHICH OPERATION RMED 21 B. PLACE OF INJURY (e.g., home, farm, foctory, street, of etc.) (Haur) 21 E. INJURY OCCURRED While At Nat White At Work ottended the deceosed from alive on	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR ite	Baltimare City, give exact lacokan) 1967 Our) opinion deoth occurred on the do 238. DATE SIGNED 1-6-6-7 1-				
19A. DATE OF OPERATION 19B. CONDIT WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (notify medical examiner) 22A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	TION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, farm, foctory, street, cetc.) (Haur) 21E. INJURY OCCURRED While At Nork Ottended the deceosed from alive on And Work And	in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR ite	Baltimare City, give exact lacokan) 1967 Our) opinion death occurred on the do 238. DATE SIGNED 1967 1970 1987 1987 1987 1988 19				



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-			BALTIMORE CITY	HEALTH DEPARTMENT		07 40000
BIRTH	i No. 67	10650	CERTIFICA	TE OF DEATH	Registered Na	67 10560
	CASE NO.			2 DATE AN	ND HOUR OF DEATH	
	ar Print) Wolfest	Mr. C	Iddie.		.2.67	(a) (50) am. M.
3. PI	ACE OF DEATH IN BALTIMORE, MA				re deceased lived. If in	
	JLL NAME OF (If not in haspital		ve street	Botton Hill	Nog Home	- Balk, Hd.
IN	OSPITAL OR address or location STITUTION	n)		C. CITY OR TOWN (If au	tside city limits, write R	
VL	8 Maryland Ge	/	11	D. STREET ADDRESS (If	rurol, give location)	2/2/7 3-01
7	O Harylana Ger	xerol .	Mayimi	632 5	BOND SI	TREET.
5. SE	X 6. RACE	7. MARRIED, I	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Haurs! Min.
	Male Caucasion		Sex.	10.18.01	65	/ /
	USUAL OCCUPATION (Give kind of world during most of working life, even if retired)	10B, KIND OF	BUSIÑESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	None-		None	Pa.		LLSA
13. F	ATHER'S NAME	2		14. MOTHER'S MAIDEN NA	ME	
	Wallick	,		,		
15. V (Yes,	os Deceased Ever in U. S. Armed Far no or unknown) (If yes, give wor or dote	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	,	ADDRESS
	NO -		B15-31-32	55 FREDA ZIEL	-SKI 74/1	POPLAR AVE 21221
	8.5 41,01		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISTASE OR CONDITION DI LEADING TO DEATH	RECTLY	6	T Blude	es	
	(This does not meon the mode of		DUE TO			00000
	heort foilure, osthenio, etc. It means injury or camplicotion which caused		5	0.1	116.	
	ANTECEDENT CAUSES		(B) DUE TO	erodellar l	wy	
	DISEASES OR CONDITIONS, II		()	Sah - 110	the state	The state of the s
	rise to the above cause (A) UNDERLYING CONDITION last.	stating the	(C)	- next cones	y	
	11		01.1.	11 600	16	1. 11
ATION	OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT RELA	CONTRIBUTING ATED TO THE	Spriceme	2; Ules 1740	woo wo	WHS
CAI	DISEASE OR CONDITION CAUSING	IT.	HICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 20B. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	101 Al ~ (> WAS)PER		I ala	45	IN CERTIFYING CA	USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218.		or obout 21C. WHERE DID	(If Cin Boltimare	City, give exact lacation)
CAI	DEATH (notily medical examinar)	elc.)				
	21D. TIME (Month) (Doy) (Year) OF INJURY		INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
>	APPROXIL	Whil	e At Not While			4/
	22. I certify that M (this hospita		~ // .	Oct	19 67 to 2	1000 1967.
	that (I) (yet) last sow the decease					nion death accurred an the date
	and hour and from the causes sta	fed above. (I)	(did) (did not) v	iew the body after death.		
	23A. SIGNATURE	41	M.D. Atte	nding Med.	Stoff	2Nau 67
	MID / chr		Phy	s. Director	Phy s.	2100001
	NAME (Type)	/		23D. ADDRESS	100	1 1/20
244	BURIAL CREMATION, 248 DATE	24C NA	M.D.	May and	LOCATION (CI	ty, town, ar county) (State)
C4A	REMOVAL (Specify)	24C.NA	ME of CEMETERY of CRI	0		
254	DATE REC'D BY HEALTH DEPT.	61 ST	The state of the s	GMETERY DIRECTO	BOSTON	SF MO
ZJA.	NOV 7 1967	P P F	& Fallware	The Mand	130-11-00	The 1000 Flowboold
VS 1	50-REV. 1/1/65	MPORTO	C) (C)(C)(C)	1) TE VIETE	NKOLAEUS -	71231
						21231

. GI Steedary Donalder Steeler Son 11 4 -67 Jundard Wes 111 = 111 47 -445 Mayland Jours Horn MB PLYNN

67 10661 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10661

			A A	ED	10	- 4
LATE	NIO		0.0	P=1)	16	Λ

M.E. CASE NO.								
1. NAME OF DECEASED		/	2. DATE AND HOUR PRONOUNCED DEAD					
LOUIS	MILLER	CAINE ((CAIN) November 7, 1967 9:18 A. M.					
3. PLACE IN BALTIMORE, MARYL			4. USUAL RESI	DENCE (Where deceased lived, If i	nstitution: residence belore odmission) OUNTY			
			Mary		OUNTI			
FULL NAME OF (IF NOT IN ADDRESS OF INSTITUTION	HOSPITAL OR INSTITUTION	N, GIVE STREET	C. CITY OR TO	OWN (II outside corporate limits, w	write RURAL and give to waship)			
3			Balt	imore	1-01			
Johns Hopkins 1	Hospital (DOA)		D. STREET AD	DRESS (II rurol, give focation)				
2.0			512	N. Streeper Stree	et			
5. SEX 6. RACE	7. MARRIED, NEV		8. DATE OF BIR					
Male White	WIDOWED, DIVO		2-11-1	1901 666	Months Doy's Hours Will.			
10A, USUAL OCCUPATION (Give kin		SINESS OR INDUST	RY 11. SIRTHPLACE	(State or foreign country)	12. CITIZEN OF			
done during most of working life, even it	BREWING	E IND.	VIRGI	NIA	WHAT COUNTRY?			
13. FATHER'S NAME	(O)(NOO)	,		MAIDEN NAME				
Wm. CAI	N			UNKNOWN				
15. WAS DECEASED EVER IN U.S. (Yes, no or unknown), (fl yes, give wo		SOCIAL SECURITY NO.	17. INFORMANT	Λ .	ADDRESS			
1/0	or doles of service/	SECORITI NO.	His Hila	ry runelman - 518	2N. Streeper St.			
18. 11. 0 0 1		CAUS	SE OF DEATH	1,000	INTERVAL BETWEEN			
DISEASE OR CONDIT	ION DIRECTLY				ONSET AND DEATH			
LEADING TO		Arter	iosclerot	ic Cardiovascular	Disease			
(This does not mean the cheort loilure, asthenia, etc.	node of dying, e.g., It means the disease, coused death.)	DUE TO						
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
RISE TO THE ABOVE CAUS	E (A) STATING THE	DUE 10						
UNDERLYING CONDITION	LAST.	(C)						
<u> </u>								
OTHER SIGNIFICANT CONT								
TO THE DEATH BUT								
19A. DATE OF OPERATION		CH OPERATION	20A. AUTOPS	SY? (Yes or No.) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?			
			Ne	0				
UNDERLYFING OR CONTRIB-	21 B. PLA(home, fo etc.)	CE OF INJURY (e.g., rm, loctory, street,	office bldg., INJU	WHERE DID (II in Boltimore City, RY OCCUR?	, give exact location)			
2			3.5.1	LOW DID IN HURY D COURS				
21D TIME (Month) (Doy OF INJURY (APPROX.)	(Yeor) (Hour) 21 E. I	NJURY OCCURRED	WHILE T	HOW DID INJURY OCCUR?				
22.	m. WOR	AT AT	WORK					
certify that I held	an Inquiry In	spection X A	utopsy 🗌 a	nd that on this basis, death i	n my aplnian			
resulted from Nat	ural causes X Acci	dent Suici	de Hamie	cide Undetermined ma	nner			
/			CHIEF	MEDICAL EXAMINER				
ACTUAL //// Q	110/2	-1/	ASSISTANT	MEDICAL EXAMINER X	DATE SIGNED			
11/7/7								
EXAMINER'S NAME (Type)	Werner UCSpi	tz M.D.	ASSOCIATE	MEDICAL EXAMINER	11///0/			
23A. BURIAL CREMATION, 23B.	DATE 23C. N.	AME of CEMETERY	or CREMATORY	23D. LOCATION (C	City, town, or county) (State)			
REMOVAL (Specify) BURIAL	-10-67 M	CARME.	2 Gem.	BAUTO.	Mo.			
24A. DATE REC'D BY HEALTH DE	PT. 24B, NAME OF	REGISTRAR	24C. FUNE	RAL DIRECTOR	ADDRESS			
NOV 7	1967 120 5	E tasker M	A C	10 000 227	11/10 80			
11011	16000		Jac	they Typiller - 233	4 Jefferson .			
VC 161 DEW 1/1//6			V					

(212) 9 . SELL 33 10PI-11-5 oznavit. HELPER BERLEY IND. HEREIN Chammed Stage Graphens 500 No No No No No Nm. Cari The state of the s Zum 11-10-67 Mr Carnes Com Bara He Judy Milin - 1504 Jefferm F.

a hospital and

1	3 67 10662 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 379334							
11-	E. CASE NO.	CERTIFICA	TE OF DEATH	Kegisteled Well	07 10000			
	NAME OF DECEASED	0	2. DATE AND HOUR OF DEATH					
	MILLIAM NIV	DER.	11 "	7167	3-45 P.M.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE 8. COUN	ero deceosed lived. Il in: NTY	stitution: residence before admission)			
	FULL NAME OF (If not in hospital or institu	tion, give street	MARYLAN	ь.	9			
1	HOSPITAL OR oddress or location) INSTITUTION	0	C. CITY OR TOWN (If ou		RURAL and give township)			
	SINAL HOSPITAL OF	BALTIMORE.	BALTIMOR		15-5%			
1	160	- 50	rurol, givo locotion)					
	70		3801 BONNER ROAD					
	M. N. WID	OWED, DIVORCED (spocify)	1 16 89	9. AGE (In years lost birthdov)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE stote or fore	ign county)	12. CITIZEN OF WHAT COUNTRY?			
	Jestin 7	aclons	my,		U.S.A.			
13	FATHERS NAME		14. MOTHER'S MAIDEN NA		.)			
	ank		Marian	7. Win				
1.5 (Y	. Was Decoased Ever in U. S. Armed Forces? es, no or unknown)(If yos, givo wor or dotos of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	200	Senti-	Zuso Tate-14	11 Prid/	Lellar.			
	18./57X1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	6 1	BIEENING		4 5			
II.	LEADING TO DEATH	(A) CT. 1.	BLEEDING	ė	4 days.			
	(This does not meon the mode of dying, heart failure, asthenio, etc. It meons the dis	eose,		0				
	injury ar complication which coused death.)	car	icinoma Z	four creas.	•			
	ANTECEDENT CAUSES	DUE TO						
	DISEASES OR CONDITIONS, if ony, grise to the abave cause (A) stating							
	UNDERLYING CONDITION lost.		***************************************	***************************************				
.								
O E		O THE Cereby	o Valenten	Acc den	t.			
COTIE	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yos of N	ON CERTIFYING CAN				
14	OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimoro	City, give exect location)			
1 6		21 E. INJURY OCCURRED	21F. HOW DID IN.	IIIBY OCCUP?				
1	OF INJURY	While At Not While		JOKT OCCOR:				
	(APPROX)							
	22. I certify that (M) (this hospital) attended				11 /7 1967.			
	that W(we) last sow the deceased alive	on 11 7	19.6.7 and th	hot in (my) (our) opi	nian death occurred on the date			
	and hour and from the couses stated abo	ve. (1) (WE) (did) (did 115t) v	iew the body ofter deoth.					
	23A. SIGNATURE		3		23B. DATE SIGNED			
	tambles.	M.D. Atto	onding Mod. Diroclor	Stoff Phys.	11/7/6/			
	23C. PHYSICIAN'S NAME (Typo) D. J. PRAD				BALTIMORE.			
2	A BURNAL CREATION IN IN BATE	C NAME & CONTRACTOR						

0

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

258, NAME OF REGISTRAR

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Compre Burner Acrony

D. I PRACHAN SINA HOSTITAL OF BALLINGS

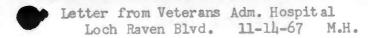
67 10663 BALTIMORE CIT	Y HEALTH DEPARTMENT 67 10663 4
BIRTH NO. 67-22/18 DE LUDOS CERTIFICA	TE OF DEATH // Page steeped No.
1. NAME OF DECEASED - DICK, BABY BOY	2. DATE AND HOUR OF DEATH 7:40 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Maryland, Baltimore C. CITY OR TOWN (If outside city limits, write-RURAL and give township)
NEWBORN NURSERY (BS)	Baltimore
YUNION MEMORIAL.	D. STREET ADDRESS (If rurol, give locotion) 1649 Northwick Court.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	BALTIMERE, MD. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oleh Bendiuk	MAHLA SHAVAHDA
15. Wes Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	Oleh Bendiuk 1649 Northwick Court.
DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	DISTRESS- ? HYALINE MEMBERINE 14 HRS.
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death,) ANTECEDENT CAUSES (B)	REMATIURITY!
DISEASES OR CONDITIONS, if ony, giving	HYPOXIA + ACIDOSIS.
rise to the abave cause (A) stating the (C)	1/10/4/11 /1-100003.
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not Wh	le 🗌 ,
22. I certify that (I) (this hospital) attended the deceased fram	11/6 1967 to 11/7 19 67
that () (we) lost saw the deceased alive an	19 and that in my (aur) apinion death occurred on the date
ond hour and from the couses stated above. (I) (We) (did) (did nat)	
23A-SIGNATURE AND WELL AND	tending Med. Staff 23B. DATE SGNED
23 C. PHYSICIAN'S	lending Med. Staff ys. Director Phys.
DAV YD MAYMAN M.D.	UNION MEMORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial Nov B, 1967 St. Michael Ce	metery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
Nov 87, NOV 77 1967 Robert E. Falley	Lilly & Zeiler Inc. 1901 Eastern Avenue

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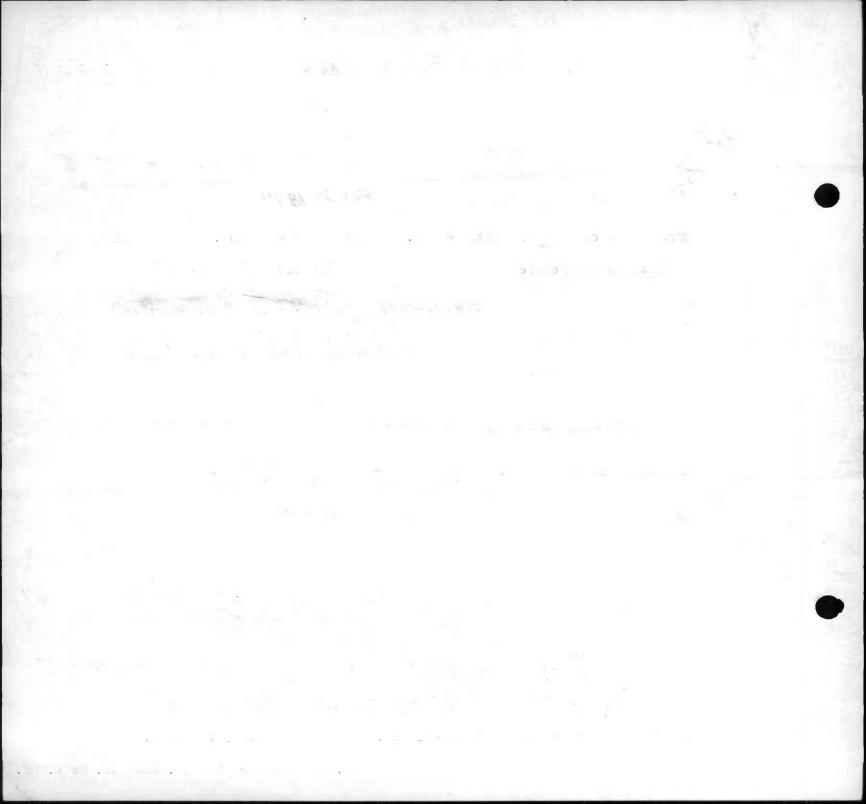
	CD 41	BALTIMORE CITY	HEALTH DEPARTMENT		054 40004		
	н NO. 67 10	CERTIFICA	TE OF DEATH	Registered No	67 10664		
1. N	AME OF DECEASED			D HOUR OF DEATH			
	e or Print) BORUSHAK, Michael N	MN	Novem				
C.	ERTH ICATE MARYLAND	MENDED	A. STATE B. COUN'		stitution; residence before admission)		
I	ULL NAME OF (If not in hospital or institut IOSPITAL OR address or location) NSTITUTION	ion, give street -11-67	Maryland c. city or town (If out	side city limits, write R	URAL ond give towns		
V	eterans Administration Ho	spital	Baltimore D. STREET ADDRESS (If r	urol, give location)	1-00		
3 B	900 Loch Raven Boulevard altimore, Maryland 21218		3101 Guilford				
5. S	EX 6. RACE 7. MARI	NED, NEVER MARRIED WED, DIVORCED (specify) rried		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	USUAL OCCUPATION (Give kind of work 10 B. KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	jn country)	12. CITIZEN OF WHAT COUNTRY?		
			Dickson City,	Pa.	U. S. A.		
13.	TATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE			
Н	arry Borushak		Anastatia Zari				
15. Yes	Nos Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA HOS	pital Record	ds ADDRESS		
Y	es 7/8/40 to 12/22/4		3900 Loch Rave	n Blvd., Bal	Ltimore, Md 21218		
	18. 2 6 0 X I	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cirr	hosis of the Liv	1 Year			
	(This does not mean the mode of dying, e.g., DUE TO						
	hearl failure, asthenio, etc. It means the dise injury ar camplication which coused death.)		etes Mellitus		10 Years		
	ANTECEDENT CAUSES	10 lears					
	DISEASES OR CONDITIONS, if ony, gi						
	rise to the above couse (A) stating UNDERLYING CONDITION lost.	the (C)	***************************************				
_	11						
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				Total Control		
CA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)				
CERTIFIC	WAS PERFORMED		No	IN CERTIFYING CAU	JSES OF DEATH?		
A.	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)		
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
2	OF INJURY (APPROX.)	While At Work Not While	е				
	22. I certify that (this hospital) attend		October 23	967 to Nove	mber 71 1967		
	that (1) (we) lost sow the deceased alive	on November 7.	19 67 ond the	at in (max) (aur) apir	nion death occurred on the date		
	and haur and from the causes stated above						
	2.A. SIGNATURE		,		23 B. DATE SIGNED		
	John L. Come	M.D.D. AHE	ending Med. Director	Stoff Phy s.	W- 11		
	23C. PAYSICIAN'S		23D. ADDRESS VA HOS	nital			
	JOHN L. CAMERON	M.D.			Balto. Md. 21218		
244	BURIAL CREMATION. 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Cit	Balto., Md. 21218 ty, town, or county) (Stote)		
	Burial 11-10-1967	Balt' Nat'l Cer	m.	Balto., Md.			
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
	WOV 8 1967 A D 8	- Q Fr. Ough	Wm. Cook-Brook	s,Inc. 12179	St. Paul St. Balto.		
v.2	IOU-KEY, MAINOS	33 × W U	1.5				



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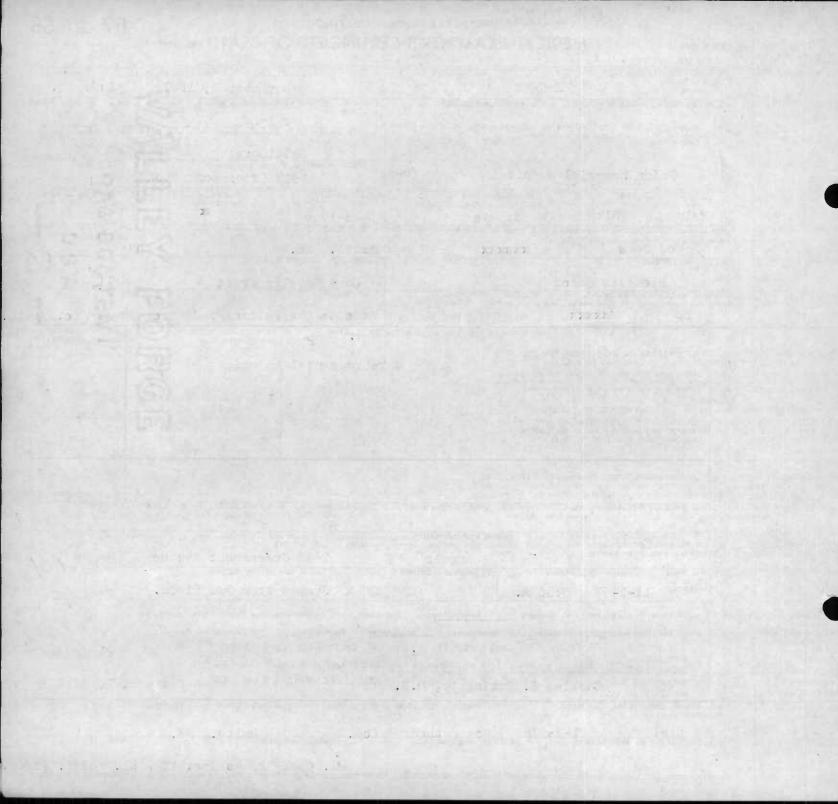
Was

BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence C. CITY OR TOWN (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (aur) opinion death occurred on the date 23B. DATE SIGNED The Johns Hopkins Hospital 24A. BURIAL CREMATION. 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 11-10-1967 St Patricks Cem. Falls River, Mass. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks, 1217 St. Paul St. Balt., Md. VS 150-REV. 1/1765



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M,E	CASE NO.							
1. t (Ty)	NAME OF DEC		IGENE DODED		2. DATE AND HOUR PRONOUNCE			
			NCENT DORER	November 2, 1967 4:25 A. M. [4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)				
3. P	LACE IN BALTI	MORE, MARYLAND, V	HERE PRONOUNCED DEAD	A. STATE B. COUNTY				
FUL HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOV	Mary Land VN IIf outside carporote limits, write	RURAL and give township)	_	
11	dife _				Baltimore	7-04		
3	Unio	n Memorial I	Hospital (DOA)	D. STREET ADDRESS (If rural, give location) 2623 Greenmount Avenue				
5. S	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	8. DATE OF BIRT	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
	Male	White	Single	2-16-190	8 60 59			
10A. USUAL OCCUPATION (Give kind at wark 108, KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)				Balto.,		12. CITIZEN OF WHAT COUNTRY?		
13.1	FATHER'S NAM		XXXXXX	14. MOTHER'S M		UDA		
	Fre	drick Dorer		Cora N	ovells Kraft			
	WAS DECEASED	O EVER IN U.S. ARME		17. INFORMANT	0,0110 1110	ADDRESS		
(163	No	XXXXX	(In Known	Arnette	Oberholtzer 2623 G	reenmount Ave. Ba	alto	
-	18.	nov	CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEAS	E OR CONDITION D	IDECTI Y			ONSET AND DEATH		
		LEADING TO DEAT	H (A) Ce:	rebrocran	ial injuries	, , , , , , , , , , , , , , , , , , ,	***	
	heort failure, injury or com	ot meon the mode o osthenio, etc, It meon plication which coused	f dying, e.g., DUE TO sthe disease, deoth.)					
	Δ	NTECENDENT CAUS	E S					
	DISEASES C	OR CONDITIONS, IF	ANY, GIVING (B)		00000000000000000000000000000000000000			
	UNDERLYIN	G CONDITION LAST.	STATING THE					
NO.			(C)			***************************************	_	
ATI	OTHER SIGN	II IIFICANT CONDITIONS	CONTRIBITING					
은	TO THE	DEATH BUT NOT R	ELATED TO THE					
CERTIFICATION		OPERATION 198, CO	NDITION FOR WHICH OPERATION	20 A. AUTOPSY	? (Yes or No) 20B. IF YES, WERE FIL		- 12-11	
	0	WAS PE	RFORMED	No	IN CERTIFYING CAUS			
EDICAL	21A. EXTERNAL UNDERLYING	CAUSE WAS	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg, INJUR	VHERE DID (If in Boltimare City, gi	ve exact location)		
E	UTING CAU		etc.) street		23 Greenmount Avenu	ue		
Σ	21 D TIME OF INJURY	(Month) (Doy) (Ye			OW DID INJURY OCCUR?			
	(L DDDDOV)	1-2-67 3:	55 A. m. WHILE AT AT W	WHILE X Ju	mped from 3rd floor	r.		
	22.	ify that I held an	Inquiry Inspection X Aut	apsy an	d that an this basis, death in m	ny apinlan		
		ed fram: Natural co						
		-11			EDICAL EXAMINER			
	ACTUAL	("11.)	5) . I met 40	ASSISTANT M	EDICAL EXAMINER	DATE SIGNED		
	SIGNATI	ER'S Charle	s S. Springate, M.D.			vember 2, 1967		
	NAME (7 A, BURIAL CREA MOVAL (Specify	AATION, 238 DATE	23C. NAME of CEMETERY o	CREMATORY	23 D. LOCATION (City,	, town, or county) State)		
	Burial		-1967 New Cathedral	Cem	Balto, Md.			
24		BY HEALTH DEPT.	-1967 New Cathedral	24C. FUNER	AL DIRECTOR	ADDRESS		
		NOV 8 1967	100 50 Jack	Wm.	Cook-Brooks, Inc. 1	217 St.PaulSt. Ba	alto	
VS	151-REV. 1/1/6	55 A / D- 4	1				=/	

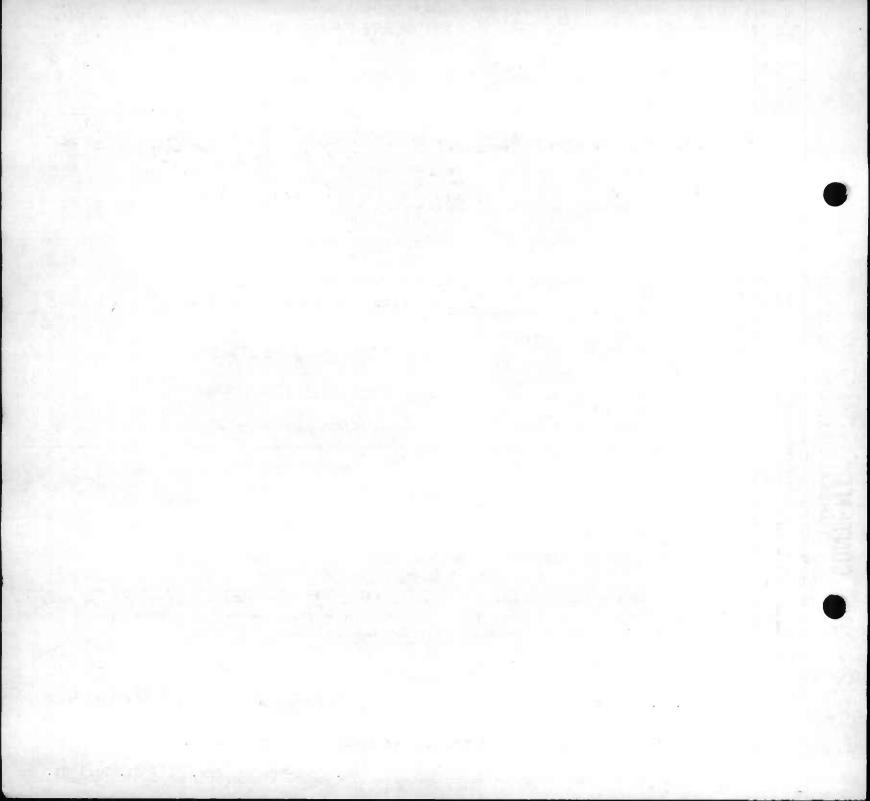


VS 150-REV. 1/1/65

BRTH	No	67	1066	1	HEALTH DEPARTMENT	Registered Na	67 10667
M.E. C	ASE NO. AE OF DECEASED			CERTIFICA	TE OF DEATH	ND HOUR OF DEATH	
	Print)	R	Timm	21		30-67	7:00 P.
. PLA	CE OF DEATH IN	BALTIMORE, MA				ere deceased lived. If	institution: residence before admission
FUL	L NAME OF	(If not in hospital a	or institution, o	give street	Marylan		
HO:	SPITAL OR	address or lacation)			itside city limits, write	RURAL and give township)
M	la au la cad	Gamas	1 1.1	- 2 /	D. STREET ADDRESS (III	rural, give location)	1-4-
	laryland	06 106 10	1 1407	piral	0 . 1	edval	St.
SEX	6. RAC	CE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
F		W		o, DIVORCED (specify) Vidowed	? 1881	lost birthdoy)	With.
	SUAL OCCUPATIOn working		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
. FA	THER'S NAME				14. MOTHER'S MAIDEN NA	AA F	•
	?				?		
. Wo	s Deceased Ever in	U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no	orunknown) (If yes	s, give war or date	s of service)	SECURITY NO. 233-05-9863		Admission	(?)
1B.		V.		CAUSE OI			INTERVAL BETWEEN
	057,	CONDITION DIR	FC TLY	1	5		ONSET AND DEATH
		NG TO DEATH	-0121	(A)	Francho Lucy	umaria	
	his daes nat me eart failure, osther			DUE TO		W.W	
	jury ar camplicali				60 0 0		
	ANTEC	EDENT CAUSES		(B)	(040)		
	ISEASES OR CO			10 Co.	about a	Lesions	0
	NDERLYING CON		siding the	(0)		0.000	
		II					
	THER SIGNIFICAN						
19	A. DATE OF OPERA			WHICH OPERATION	IZOA, AUTOPSY? (Yes or N	a) 208 IF YES WERE	E FINDINGS CONSIDERED
19	SAIL OF OFER	WAS PERF			To a Molocali ilea ol ile	IN CERTIFYING C	AUSES OF DEATH?
121	A. ACCIDENT WA	S UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
DE	ATH (notify medic		hom etc.		fice bldg., INJURY OCCUR?		
21		h) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	
	PPROX.)		Whi	ile At Not While			
-		1) /ahia h!1			10-28	10/07 . /	0-30 106
				10-30-	/ 🔿	19 6 (ta	
	at (I) (we) last s				`		pinian death accurred on the de
		the causes stat	ed abave, (I) (We) (did) (did nat) v	iew the bady after death.		DATE CIONES
23	A. SIGNATURE	1/	to de de	M.D. Atte	nding Med.	Stoff T	23B DATE SIGNED
22	William	x, (c	10 call	Phy:	Director _	Phys.	10-30-61
	C. PHYSICIAM'S NAME (Type)				3D. ADDRESS	100	01/010
1	Vm. L. Boo			M.D.	Maryland	venera	x Hospital
A. B	URIAL CREMATIO EMOVAL (Specify)	N, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24D. L	LOCATION	City, town, or county) (State)
	Burial	11/7/6	7 Pro	spect Hill Cer	metery To	owson, d.	
SA. D	ATE REC'D BY HE	ALTH DEPT.	SER MANAE C	DE DEGISTRAD	25C FLINERAL DIRECTO	o m	ADDRESS

Wm.

Cook-Brooks, Inc. 1217 St. Paul St.



S-536 BIRTH NO. 67 10668 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10668

M.E.	CASE NO.											
I. N (Typ	AME OF DEC	EASED					2. DATE AND HOUR PRONOUNCED DEAD					
					SANDERS		N	lovem	ber 5, 1967		6:55	
3. PL	ACE IN BALT	IMORE, MARY	rLAND, WI	HERE PRONOU	NCED DEAD	A. STAT	L RESIDENCE (E aryland	Where o	deceased lived. If insti B. COU	NTY resid	lence before o	dmission)
HOS	L NAME OF	(IF NOT I	OR LOCA	L OR INSTITUTION)	TION, GIVE STREET			outside	corporate limits, with	RURAL on	d give townsh	nip)
INST	TIUTION	Acres II	loonit	1 (DOA)			altimore		0	10	0	See
1	oc.	Agnes H	ospic	al (DOA,		11	T ADDRESS (
0	44			T		11		lior	d Street	Tirin	1 9 17 11 1	04.44
5. SI	EX	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE	OF BIKTH		9. AGE (In years lost birthdoy)		1 Yr. If Unde Doys Hours	
	Ma1e	Whi			ingle	Aug.	30, 190	1	66			
		JPATION (Give working life, ever		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (Stote o	r foreign	country)	12. CITIZE	N OF COUNTRY?	
		operato	r	Amuse	ment Park		imore			U.	S.A.	
13. F	ATHER'S NAM	A E				14. MOTH	IER'S MAIDEN	NAME				
		ge H. S					Minnie .	A. G	eisel			
		D EVER IN U.			16. SO CIAL SECURITY NO.	17. INFOR	MANT			ADDRESS		
U	J				186-05-5994	Mrw.	Alice C	. He	inecke 621	E. 351	th St.	
1	1B. 47	9) / .			CAUSE	OF DEA	TH				INTERVAL BE	
	DISEA	SE OR COND	DITION DIS	RECTLY							ONSET AND	DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease											
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,											
	injury or complication which coused death.)											
		NTECEDENT			(R)							
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO											
		NG CONDITIO			(C)							
Ó.		10			()							
Ϋ́	OTHER SIG	II NIFICANT CO	NDITIONS	CONTRIBUTION	IG							
윤		DEATH BUT			HE							
CERTIFICATION			19B. CON	DITION FOR V	VHICH OPERATION	20 A. A	UTOPSY? (Yes		20B. IF YES, WERE FIR			
	0 -		WAS PER	FORMED			No		IN CERTIFYING CAUS	SES OF DEA	ATH?	
3		L CAUSE WA		21 B.	form, foctory, street,	in or obou	21C. WHERE	DID (I	f in Boltimore City, giv	ve exoct lo	cotion)	
MEDICAL	UTING CAU	SE OF DEATH	1.	etc.)	ioni, locioty, success	one oragi	, INGORI OCC	UK:				
	21D TIME	(Month) (D	oy) (Yeor) (Hour) 2	E. INJURY OCCURRED		21F. HOW DI	D INJU	RY OCCUR?			
	(APPROX.)			m. V	HILE AT NOT AT W	WHILE						
	22.	tify that I he	eld on Ir	nquiry 🗌	Inspection X Aut	apsy	and that	an this	s basis, death in m	y opinlar		
	resul	ted fram: N	atural cas	ses X A	ccident Suicid	e 🗌	Hamicide 🗌	U	ndetermined manne	er 🗌		
		1.	,	1		СН	HEF MEDICA	AL EX	AMINER			==
	ACTUA		Sus	1	M.D.		ANT MEDICA				DATE SIG	SNED
	EXAMIN	IER'S	Werner	r U. Spi	itz, A.D.	•	ATE MEDIC				11/6/6	7
	NAME (BURIAL CRE LOVAL (Specif	MATION, 231	B. DATE	230	C. NAME OF CEMETERY	CREMAT	TO RY	23 D. LC	CATION (City,	town, or c	county) ((Stote)
			11/10	167	D	1 0						
24A	DATE REC'D	BY HEALTH	DEPT.	24B. NAME	Prospect Hil	L Ceme	FUNERAL DIR	ECTOR		A	DDRESS	
		10V8	1967	P. O. F.	E. Falley Ma					17 0:	D . 1	0.4
	1	1010	1001	100mg	Tay danger,	Wn	. Cook-	Broo	ks, Inc. 12	I/ St	. Paul	St.

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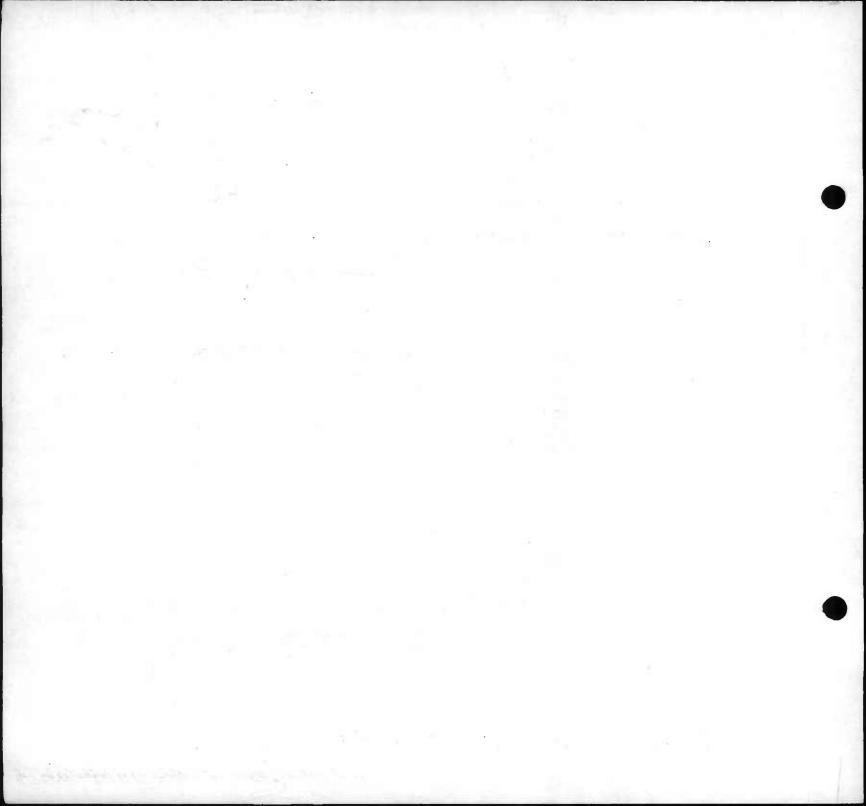
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

CH 40000 BALTIMORE CITY	Y HEALTH DEPARTMENT	67 10669				
BIRTH NO. 67 10669 CERTIFICA	TE OF DEATH Registered No.	01 10000				
M.E. CASE NO.						
T. NAME OF DECEASED (Type or Print) SMI TH, FELIX	2. DATE AND HOUR OF DEATH	2:20 Am				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence before admission)				
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	RAL one give township)				
FRANKLIN SQUARE HOSPITAL	D. STREET ADDRESS (If rurol, give location)	13 000				
36	143 DEST SA	, , , ,				
5. SEX 6. RACE WIGGED 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	UNN. 31,1903 64	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND QE BUSINESS OR INDUSTRY done during most of working life, even if retired)		12. CITIZEN OF WHAT CONTANT				
Laboren	VAMAICA	BIYYIXI				
Introval	Malan Smil	6				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 212-09-663	FRANKLIKA SPUBILE	HOSPITAL				
	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	idets Thellitur					
(This daes not mean the made at dying, e.g., DUE TO						
heart laiture, asthenia, etc. It means the disease, injury ar complication which caused death.)						
ANTECEDENT CAUSES (B) DUE TO						
DISEASES OR CONDITIONS, il any, giving rise la the abave cause (A) stating the UNDERLYING CONDITION last.	Generalized arteria ole	rsso				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes o No) 20 B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?				
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or contributing CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	in or about 21 C. WHERE DID (II in Baltimore of ffice bldg., INJURY OCCUR?	City, give exact location)				
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?					
(APPROX.) While At Not Whi		1				
22. I certify that (I) (this hospital) attended the deceased from	1967 10 100	1907.				
that (1) ((a) lost saw the deceased alive an WOV: 7	19 6 7 and that in(my) (aur) apini	on deoth occurred on the date				
ond hour and from the couses stated above. (1) (We) (did) (did not)						
23A. SIGNATURE, M.D. AH	tending Med. Stoff	3B. DATE SIGNED				
23C. PHYSICIAN'S		11-1-07				
NAME (ype) NAME (ype) M.D.	FRANKLIN SAVANIS	HOPITAL				
244. BURIAL CREMATION, 248. DATE 240, NAME OF CRAMETERY OF CR	REMATORY 24D. LOCATION (City,	Joyung or County) (Stote)				
BULLIAN ILLIAN I	1 Page Difference Difference	ADDRESS 4				
NOV 8 1967 OF C. F. E. J. D. HUS	Hilliams Funded Home	319Mahar Au Kr				
VS 150-REV. 1/1/65	The water far water from	111100 mm million				

95.6 adding the factor of

CD 10000 BALT	IMORE CITY HEALTH DEPARTMENT 67 10670
BIRTH NO. 67 10670 CER	RTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	NUDER
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, Il institution; residence before admission)
The state of the s	MARXLAND BALTIMORE
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	
INSTITUTION	7 - 7
Bon Secour Hospital	D. STREET ADDRESS (If rurol, give location)
3,4	312 FRANKLINTOWN RD
5. SEX 6. RACE 7. MARRIED, NEVER MA	RRIFD B. DATE OF RIPTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCE	
Male I LEGRO IN ARRIED IDA. USUAL OCCUPATION (Give kind of work) DB. KIND OF BUSINESS OF	101
done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHERS NAME	D S. CAROLINA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAM HENDERSON	And Lan Roll
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17: INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURI	JIA TRIMIRLINIOCOM FID
118.	CAUSE OF DEATH CAUSE OF DEATH INTERVAL BETWEEN
X 0 / /	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the made of dying, e.g.,	DUE TO
heart failure, osthenia, etc. It means the disease, injury ar camplication which caused death.)	
ANTECEDENT CAUSES	IBI CONGESTIVE HEART FAILURE 3 WEEKS
DISEASES OR CONDITIONS, if any, giving	DUE TO (D)
rise to the above couse (A) stating the	(c) Oblis 4 (360 lbs)
UNDERLYING CONDITION last.	
, II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE USEASE OR CONDITION CAUSING IT.	
	RATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPEN	IN CERTIFYING CAUSES OF DEATH?
<u> </u>	NJURY (e.g., in or about 21 C. WHERE DID (If in Coltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foci	toly, street, office bldg., INJURY OCCUR?
OF INJURY While At	
(APPROX.) While At Work	Not While At Work
22. I certify that (I) (this haspital) attended the decease	d from 11 84 Nov - 5 1967 to 3 AH Nov 6 1967 .
that (1) (we) lost saw the deceased alive an Nov 3	AM. Nov 19 67 and that in(my) (aur) aplaian death accurred on the date
and haur and fram the causes stated above. (1) (We) (did	238, DATE SIGNED
(1) stary	
Da. (1)	Thys.
23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
500 WOONG, HONG	M.D. BON SECOMRS HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME, of CEN	AETORY OF CREMATORY 24D. LOCATION 1 (Conf.) or county (Stote)
BUNIAN 11/11/10/17/1/7/1/	Work Com. CONIX HINU HIM
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	R 250 FUNERAL DIRECTOR
NOV 8 1967 Of Sub E. Feel	WINNING Y LAND HOME SHOW LAND AND A
150 PEV 1/1/6	11 Month 1 1 1 man of Amond of the Man Man



VS 150-REV. 1/1/65

	E CASE NO.			ATE OF DEATH	AND HOUR OF DEATH	4			
	pe or Print)		3.4						
3. F	EL1 ZE	beth Schmi	RYLAND	4. USUAL RESIDENCE (W	here deceosed lived, If	967 10.15 P			
H	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital oddress or location	or institution, give street n)	Maryland		RU(AL and give lov(nship)			
'		1 tte No	RS. MY HOME	Baltimore	Baltimore				
11	7	1	RS.M) HOME	D. STREET ADDRESS	(If rurol, give location)				
	1105	E. Fayette	Street	1633 Fleet					
5. \$	SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mir			
tOA	H'	PATION (Give kind of work	108, KIND OF BUSINESS OR INDUS	1-12-1894 TRY 11. BIRTHPLACE (State or f		12, CITIZEN OF			
	e during most of w	orking fife, even if retired)		and	,	WHAT COUNTRY?			
13.	FATHER'S NAM			14. MOTHER'S MAIDEN N	NAME				
15	Wichael	P Haley Ever in U. S. Armed For	ces? 1 6. SOCIAL	Sarah Legg		ADDRESS			
		(If yes, give wor or dote	s of service) SECURITY NO.						
			213 54 291	17 Lillian Har	nmerbacher	804 N. Port St			
	18.174	- X I	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CA (uternul) = suyounda andyuntt								
			e anyomata	andifunt					
		ıl mean the made af ısthenia, etc. 11 means	dying, e.g.,		/				
	injury ar cam	olication which caused	death,)						
	A	NTECEDENT CAUSES	IB)		O O O O O O O O O O O O O O O O O O O				
	DISEASES O	R CONDITIONS, if							
		abave cause (A)	stating the (C)						
	GIADEKETIIAG	CONDITION IUSI.							
z	OTHER SIGNIE		ONTRIBUTING	1	,				
ATION	TO THE DE	ATH BUT NOT RELA	ATED TO THE CVR	at humpareri		6 was			
U			IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	Mol 20B. IF YES. WERI	E FINDINGS CONSIDERED AUSES OF DEATH?			
RTIF	0	WAS FER	PORMIED	No	III CERIII IIII C	AUSES OF DEATH:			
Ü	OF CONTRIBIL	T WAS UNDERLYING TING CAUSE OF		g., in or obout 21C. WHERE DID		ore City, give exact location)			
CAL	DEATH Inotify	medical examiner)	etc.)	,					
_		(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?				
×	OF INJURY			Vhile					
			Work LJ At W						
	22. I certify	that (1) KIND HE SPINO							
			attended the deceased fram			11-7 19 6			
						plnian death accurred an the			
	land haur and		ted abave. (1) (XXX(did) (XXXXX	N view the bady after deat	h.				
						23B. DATE SIGNED			
	23A. SIGNATU	0 11 00							
		I Hulla	M.D.	Allending Med. Phys. Director	Stoff Phys.	8 20167			
	23A. SIGNATU	ys J Hulla	м.р.	Allending Med. Phys. Director	Stoff Phy s.	870067			
	23A. SIGNATU	ys Hulla	AA	Phys. Director 23D. ADDRESS		8 7 60 67			
244	23A. SIGNATU	Dr. J. Hulk	AA	23D. ADDRESS D. 2214 E. Fa.	yette Stre	8 7 60 67 et City, town, or county) (Stot			

Ti com i t to the first transfer of the state of the st T- 1-1

7-63 BIRTH NO.	3 67	1110/6	ATE OF DEATH	Registered Na.	67 10672
M.E. CASE NO. 1. NAME OF DECE (Type or Print)		PER TIT	2. DATE AND	HOUR OF DEATH	7) 165201P
	TH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	deceased lived. If instit	ution: residence before admission)
			A, STATE 8, COUNT	Y	
HOSPITAL OR	(If not in hospital oddress or location	or institution, give street	C. CITY OR TOWN (If outs	side city limits, write RUI	RAL and give township)
INSTITUTION			Baltimore		27-1
700	Sinai	Hosp.	D. STREET ADDRESS (If re	urol, give location)	
99		•	5344 Winn	er Ave.	
S. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married		ost birthdoy) 62	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
	PATION (Give kind of working life, even if retired)	Copper & Brass	Baltimore, Md.	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAM	\E		14. MOTHER'S MAIDEN NAM	A E	
	KKKKKK R	losario Fertitta		Josephine Ca	acamise
	Ever in U. S. Armed For		17. INFORMANT		ADDRESS
No No	(If yes, give wor or dote	security No. 212-10-1087	Mrs. Theresa Fe	rtitta,5344 V	Vinner Ave.
18. 4 0	01/1		OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI	RECTL B	MrocARDIAL	(5	
	of mean the mode of	dying Se.g., the diskase, deeth and	00 5 000 00	15000	1
heort foilure,	osthenio, etc. It meons plicotion which coused	the disfese	MYTOCARDIAL	NEAKCTON	
	NTECEDENT CAUSES				T.
					40 000 AA 000 00 00 00 00 00 00 00 00 00
	R CONDITIONS, if above couse (A)	sloting the			
	CONDITION last.	\$ 2			
	11	B M E			
OTHER SIGNIE	ATH BUT NOT RELA	CONTRIBUTING			
DISEASE OR	CONDITION CAUSING	IT.			
19A. DATE OF	OPERATION 198. CON WAS PER	IDITION OR WHICH BE ATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
2	and the second		463		
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21B PLACE OF (NJURY (e.g. home, form, foctory, street, etc.)	office bldg., 21C/WHERE DID	(If in Boltimore C	ity, give exoct locotion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)		While At Not W	hile		
22. Learnifu	that (1) (this bassies	1) attended the deceased frame.		1 7 7	A. 19
	last saw the decease	()/			an death accurred an the date
				TIN(my) (dur) apinio	in uvain accurred an the date
23A. SIGNATU		ted abave. (We) (did) (did not)	view the bady after death.	To To	DATE SIGNED
230. 31000	1	M.D. A	ttending Med.	Stoff FORS	B. DATE SIGNED
0	viale (llus "	hys. Director Director	Phy s.	u/6/61.
23C. PHYSICIAI	BRUCK.	ETTNEER M.	23D. ADDRESS D. Sinai	Hosp.	· · ·
AA. BURIAL CREA	AATION, 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LO	CATION (City,	town, or county) (Stote)
Burial	11/10/6	67 Cathedral Ceme	tery	Baltimore, Mo	i.
NOV 8		25B. NAME OF REGISTRAR			k Heights Ave.
/S 150-REV, 1/1/6	5				

. Mrs. menson ATT MINISTER OF THE PARTY OF

C-416 BIRTH NO. 67 10673 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10673

M.E. CASE NO.					
1. NAME OF DI (Type or Print)	CF	HARLES H. CLAYBORNE		November 4, 1967	3:12 P.
FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE M. C. CITY OR TOV B. D. STREET ADD	ENCE (Where deceosed lived. If instituted aryland WN (If outside corporate limits, write altimore RESS (If rurol, give locotion) 252 Madison Avenue	Y
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRT	H 9. AGE (In years	f Under 1 Yr. If Under 24 Hrs.
Male	Negro	Divorced (specily)	3-14-9	5 /2	Aonths Doys Hours Min.
	f working life, even if retired	ork OB. KIND OF BUSINESS OR INDU	Va.		2. CITIZEN OF WHAT COUNTRY?
Charli	e Claybour	PNO ED FORCES? 16, SO CIAL		Righardson	DDRESS
	(If yes, give wor or down)			laybourne Rt 1 Bo	
OTHER SIG	ASE OR CONDITION LEADING TO DEA not meon the mode e, osthenio, etc. It meo omplicotion which couse ANTECEDENT · CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAS	TH of dying, e.g., ins the disease, d deoth.) SES ANY, GIVING STATING THE T. (C)	ceriosclerot	ic heart disease	
DISEASE O		NG IT. DINDITION FOR WHICH OPERATION ERFORMED	20A. AUTOPSY No	? (Yes or No) 20B, IF YES, WERE FINDI IN CERTIFYING CAUSES	
UNDERLYING UTING CA 21D TIME OF INJURY (APPROX.)	AL CAUSE WAS DOR CONTRIB- USE OF DEATH. (Month) (Doy) (You	home, form, factory, streeted. etc.l 21E. INJURY OCCURR WHILE AT	et, office bldg., INJURY	HERE DID (If in Boltimore City, give OCCUR?	exoct location)
ACTUA SIGNA EXAMI NAME	NER'S Charle	Accident Sui	icide Hamici CHIEF MI	EDICAL EXAMINER EDICAL EXAMINER X	DATE SIGNED rember 5, 1967
23A, BURIAL CR REMOVAL (Speci		23C. NAME of CEMETE		23D. LOCATION (City, tox	wn, or countyl (Stote)
Burial 24A. DATE REC'E	BY HEALTH DEPT.	/67 Balto Nati	onal Cem-	Balto., Md.	ADDRESS
VS 151-REV. 1/1	1967	Q & E & Farleyra	Wm C	March Funeral Ho	me 928 E. Nor
ra Tal-KEV. IA	,001	1 1 0 7 0	0 6	1) []	

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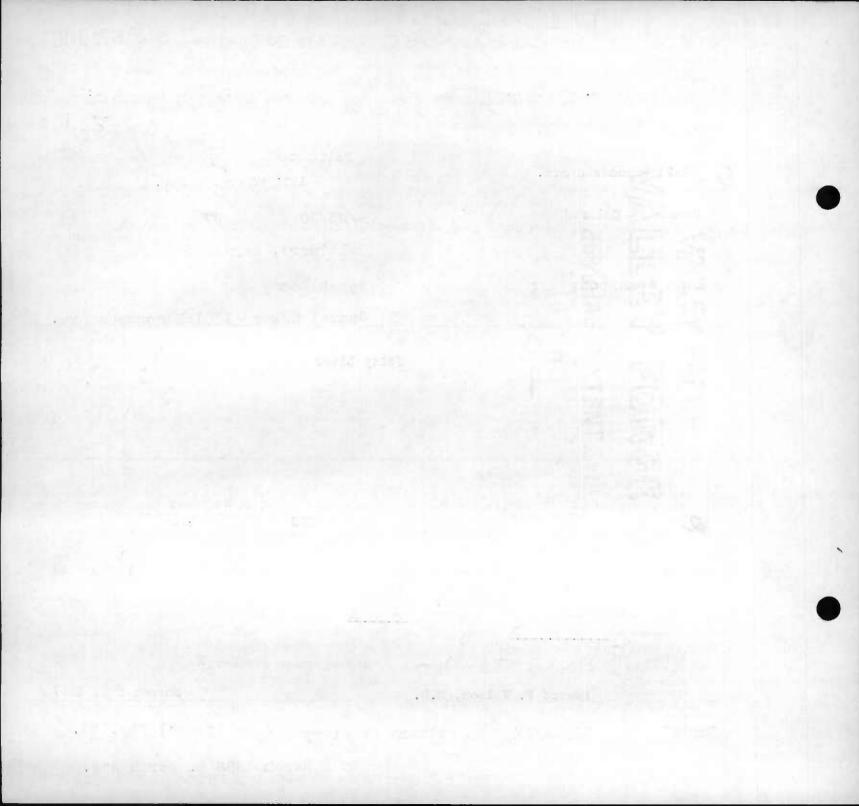
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10674

_	E CASE NO.									
l. (Ťy	NAME OF DE		4		2. DATE AND HOUR PRONOUNCED DEAD					
	AN	NIE L.		MULDROW		November 5, 1967		12:45 A. M.		
3. 1	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY					
HO	LL NAME OF	(IF NOT	IN HOSPITA	AL OR INSTITUTION, GIVE STREET		Maryland NN (If outside corporate limits, wi	te RURAL o	and give tawnship)		
	46	Luthera	ın Hosp	ital	D. STREET ADDI	Baltimore RESS (If rural, give location)	16	- 0.5		
	70					912 N. Mount Stree				
5. 5	EX	6. RACE		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTI	H 9. AGE (In years	If Unde Months	r 1 Yr. If Under 24 Hrs. Days Hours Min.		
	Female	Ne	gro	Single	4/19/43	3 24				
104	USUAL OCC	CUPATION (GIV	e kind of worl	TOB. KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE	(State ar foreign country)	12. CITIZ	EN OF		
-	e during most of actory				9.0		WHA	AT COUNTRY?		
	FATHER'S NA		1	1	S.C.	AIDEN NAME				
	Togonh	O			100000000000000000000000000000000000000					
15.	Joseph WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES? 16. SO CIAL	Kattie	Green	ADDRES	S		
(Ye	s, no ar unknaw	n) (If yes, give	war ar date	s of service) SECURITY NO.						
				212-44-8964	Mrs. Ca	arrie Hart 912	N. M	ount St.		
	1B.	-16,5	4	CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	ASE OR CON	DITION DI	RECTLY				ONSET AND DEATH		
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Massive lacerations of liver with								
	(This does not meon the mode at dying, e.g., hearfailure, asthenia, etc. If meons the disease,									
	injury or complication which coused death.)									
		ANTECEDEN	T · CAUSE	S						
	DISEASES	OR CONDIT	TIONS, IF A	NY, GIVING (B)						
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
Z				(C)		•				
은			ı							
FICA	TO THE	DEATH BU	T NOT RE	CONTRIBUTING						
CERTIFICATION		F OPERATION		DITION FOR WHICH OPERATION		? (Yes or No) 20B. IF YES, WERE F				
	21		WAS PER	FORMED	Ye	S IN CERTIFYING CAL	DZE2 OF D	tAIH!		
EDICAL	UNDERLYING	OR CONTR	B-	21 B. PLACE OF INJURY (e.g., home, farm, foctory, sheet,	in ar about 21C. V affice bidg., INJURY	VHERE DID (If in Baltimare City,) OCCUR?	give exact l	acatian)		
8	UTING L CA	USE OF DEAT	Ή.	etc.) Street	Me	osher and Wheeler	Avenue	e /6=0.5		
Σ	21 D TIME	(Manth) (Doy) (Year	(Hour) 21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?				
	(APPROX.)	11-4-6	7 5:4	5 P. WHILE AT NOT AT	WHILE X Pa	ssenger in auto-au	ito co	llision		
	22. 1 ce	rtify that I h	eld on 1	nquiry Inspection Au	utopsy X one	d that on this basis, death In	my opinio	on		
	1961	Ited from	Notural co			de Undetermined mon	ner 🗆			
	1030		1 1	Accident	_		ilei [
	ACTUA	L ()	Mark			EDICAL EXAMINER		DATE SIGNED		
	SIGNA	TURE	-	M.C		EDICAL EXAMINER X		- 1067		
	EXAMI		arles	S. Springate, M.D.	ASSOCIATE M	EDICAL EXAMINER	Novem	ber 5, 1967		
	NAME									
	MOVAL (Speci		3B. DATE	23C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (Cit	y, town, ar	county) (State)		
F	Burial		17/9/	37		Sumter, S.C.				
	A. DATE REC'I	BY HEALTH	DEPT.	248, NAME OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS		
	N	8 VD	1967 (Pat E. W.	Wm C	March 928 E. No	orth	Ave		
VS	151-REV. 1/1	765 N	8-60	1,22700	1 0 6	10 6		V		

Paramo december 1 12 12

67 10675 BALTIMORE CITY HEALTH DEPARTMENT

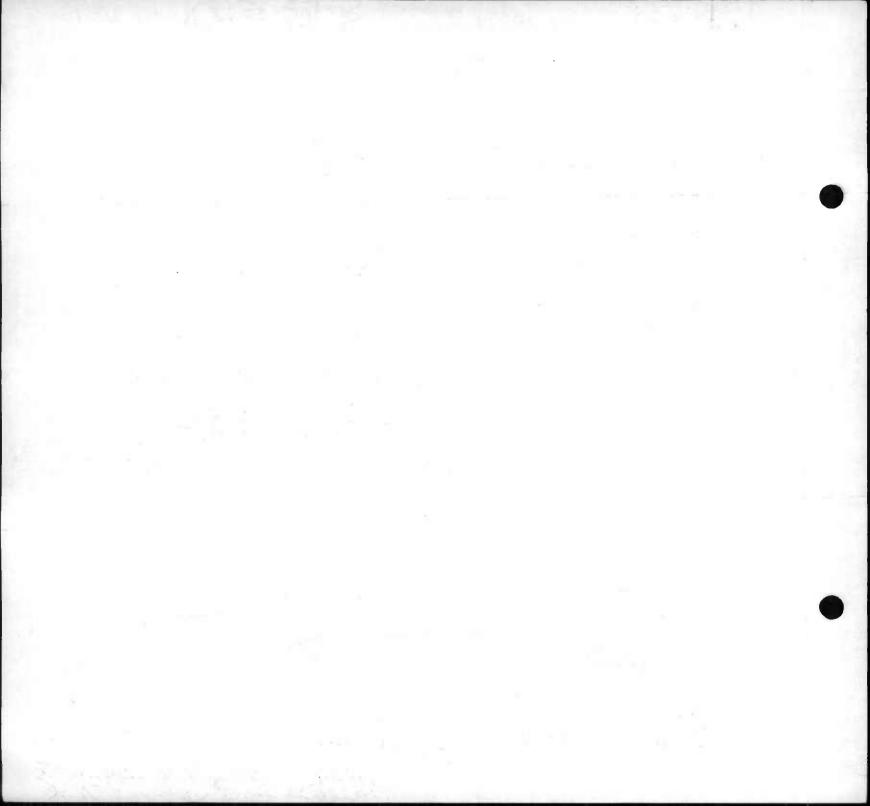
BIR.	TH NO. MED	ICAL EX	KAMINER'S CI	ERTIFICATE (OF DEATH Regis	tered No. 67 10675
_	E CASE NO.					
1. (Ty	NAME OF DECEASED		TURNYE OF	2. DA	ATE AND HOUR PRONOUN	CED DEAD
3. 1	NANCY L. ARM	TRONG		4. USUAL RESIDENCE	November 7, 19 (Where deceased lived, If in	67 6:25 p.m.
HO	L NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOC TITUTION	AL OR INSTITUTION)	UTION, GIVE STREET	C. CITY OR TOWN	Maryland	rite RURAL (and give township)
) (1521 Edmondson Ave	е.		Baltimor D. STREET ADDRESS	(If rural, give location) 21 Edmondson Av	7e.
5. 5	Female Colored		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH 9/23/30	9. AGE (In years last birthday)	s If Under 1 Yr. If Under 24 Hrs. Manths, Doys, Hours, Min.
dan	. USUAL OCCUPATION (Give kind of wor e during mast af working life, even if retired)	ATOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13.	Domestic			14. MOTHER'S MAIDEN	Maryland	1,
15.	Teon Armstrong WAS DECEASED EVER IN U.S. ARM EI , na orunknown lift yes, give war or dat	O FORCES? es of service)	16. SOCIAL SECURITY NO.	Sarah Moo	ody	address dmondson Ave.
-	18. £ 6 (. ()		CAUSE	OF DEATH	AROS TOUT E	INTERVAL BETWEEN
CERTIFICATION	DISEASE OR CONDITION D LEADING TO DEATI (This does not mean the made o heart failure, asthenia, etc. It mean injury or camplication which caused ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI	i dying, e.g., sthe disease, death.) S ANY, GIVING TATING THE	(B)(C)	ty Liver		
CERTIF	DISEASE OR CONDITION CAUSIN 19A, DATE OF OPERATION 19B, COI WAS PE		WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE	
EDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21 B. hame etc.)	e, farm, factory, street, a	n or obout 21C. WHERE	DID (If in Baltimore City,	give exact location)
Σ	21D TIME (Manth) (Doy) (Yea OF INJURY (APPROX.)		WHILE AT NOT WORK AT W	WHILE	ID INJURY OCCUR?	
		d F. Wi	Accident Suicide Suicide M.D. Accident M.D.	CHIEF MEDIC ASSISTANT MEDIC ASSOCIATE MEDIC	AL EXAMINER AL EXA	DATE SIGNED Jovember 8, 1967
	MOVAL (Specify) 238. DATE	23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (Ci	ty, tawn, or caunty) (Stote)
	urial 11/1	3/67	Mt Calvary	Cemetery	Anne Arunde	el Cty, Md.
	MOV 0 196/	Viole	b E, Forlina	Wm C Mar	ch 928 E. 1	North Ave



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

	B-634 CT +0076 BALTIMORE CITY HEALTH DEPARTMENT 67 10676
	IRTH NO. CERTIFICATE OF DEATH Registered No.
1	A.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 30
	Type or Print Rudolph J. Bertl 11-4-67 15 PM.
3	PLACE OF DEATH IN BACTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location) (C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	D. STREET ADDRESS (If rurol, give locotion)
	Maryland General Hospilal Rugby Rd.
5	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Doys Hours Min.
1	0A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF
d	one during most of working life, even if retired)
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
.	Herman Barll
1	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
	(res, no or unknown) (Iff yes, give wor or dotes of service) SECURITY NO. 7 Admitting Sheet.
	18.33 X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) PUCMON ANY EDEMA
	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,
	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, if any, giving DUE TO WARD TO THE TO THE TOTAL OF THE TOTAL
	rise to the obove cause (A) stoting the UNDERLYING CONDITION lost.
	II SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH SOUTH
	of other significant conditions contributing AGENUSCUE NOTICE IHARE DISCIPLES JUHN SCIENCES OF CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	Work Al Work
	22. I certify that (1) (this haspital) attended the deceased from 11-4-67 10 AM 19 to 11-4-67 5 PM 19
	that (1) (we) lost sow the deceased alive on 11-4-67 19 and that In(my) (our) opinion death occurred on the date
	and hour ond from the causes stoted obove. (1) (WE) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED
	Ralph D. Reymord M.D. Attending Med. Director Phys. 2 11-4-67
	23C. PHYSICIAN'S NAME (Type)
	Kalph D. NETMOND M.D. Manyland General Hospital
2	44. BURIAL CREMATION, 248. DATE 24C NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town of county) (Stole)
2	SA, DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
	NOV 8 1967 P. D. & E. Farburas Tolet A. Banance, Levena TK
V	S 150-REV. 1/1/65 ROBERT S. BARRANCO - WIR.



(Туг	CASE NO. LAME OF DECEASED (William Wigg HAZZAND Holm	2. DATE AND HOUR OF DEATH	111 40 pm
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution in the state of the state	
1	FULL NAME OF (If not in hospital or institution, give street	C. CITY OR TOWN (If outside city limits, write RURA	R C3
- 1	NSTITUTION		
	THE UNION MEMORIAL HOSOTT	D. STREET ADDRESS (If rural, give location) 904 12	ock Spring Road
	44	goy lock spring for	, , ,
5. S	6, RACE 7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WASALE WHITE MARRIED	8. DATE OF BIRTH OU-01-93 9. AGE (In years If Mo	Under 1 Yr. If Under 24 nths Doys Hours M
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR		CITIZEN OF
1-	RETURED.	gouth Canocian	U.S.A.
13.	FATHERS WANTE Station Owned (Petroleum)	14. MOTHERS MAIDEN NAME LANGE VONKO	stinl
-	villian Hazzard HOLRES (D)	LE ONOPA VON KOLLATZ (
15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	LAIR MARL
	NO - 214-34-4563		
	18.6 40,0 1 CAUSE	MARIE BOLMES 904 BOC.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Precuchopmennionia	Olise Allo Sala
	(This does not mean the mode of dying, e.g., DUF TO		
	heart failure, osthenia, etc. 11 means the disease, injury or complication which caused death.)	Yonta Eller	
	ANTECEDENT CAUSES	Poplic Eller Poutomiles De	***************************************
	DISEASES OR CONDITIONS, if ony, giving	Veritoriles A	21
	rise to the obove couse (A) stoling the (C)	/ (\ar	udo francis
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
CAT	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Not 20B. IF YES, WERE FIND	INGS CONSIDERED
RITE	10/31/67 WAS PERFORMED ULCER Bleader	IN CERTIFYING CAUSES	OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,	, in or about 21 C. WHERE DID (If in Baltimore City office bldg., INJURY OCCUR?	, give exact location
CAL	DEATH (notify medical examiner)	The stage of the s	
EDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
>	(APPROX.) While At Work Not W	nile nk	
	22. I certify that (+this haspital) attended the deceased from	Oct 3 19 GF to NOV	F 19 G
	that (A (we) lost saw the deceased alive on NOV 5	19 6 7 ond that in (aur) apinlan	deoth occurred on th
	and hour and from the couses stated above. (We) (did)	view the body ofter death.	
	23A. SIGNATURE	23B	DATE SIGNED
	Coran f. China	hys. Med. Stoff Phys.	115/67
	23C. PHYSICIAN'S CESAR F. CLIMACO	23D. ADDRESS	
	CESAR VINSCLIMACO M.	THE THEOUNDON MEMORIAL HOSE	3 MAL
		DEALATORY CONTRACTOR (City to	wn, or county) (S
24/	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C		
-			Carolina

to 11 am Holowa + THE UNION THEMORIAL HOSATR BEL AIR KNAM-MAKE WHOM WATHIED EFFIRE B. SOUTH CAMB CIA-WILLIAM HERRAD HOLARS (D) LE GARDA FOR ECLEPTE (D) GATTREE DIECER MANGE. חס נים די מינו COMMON DITTO

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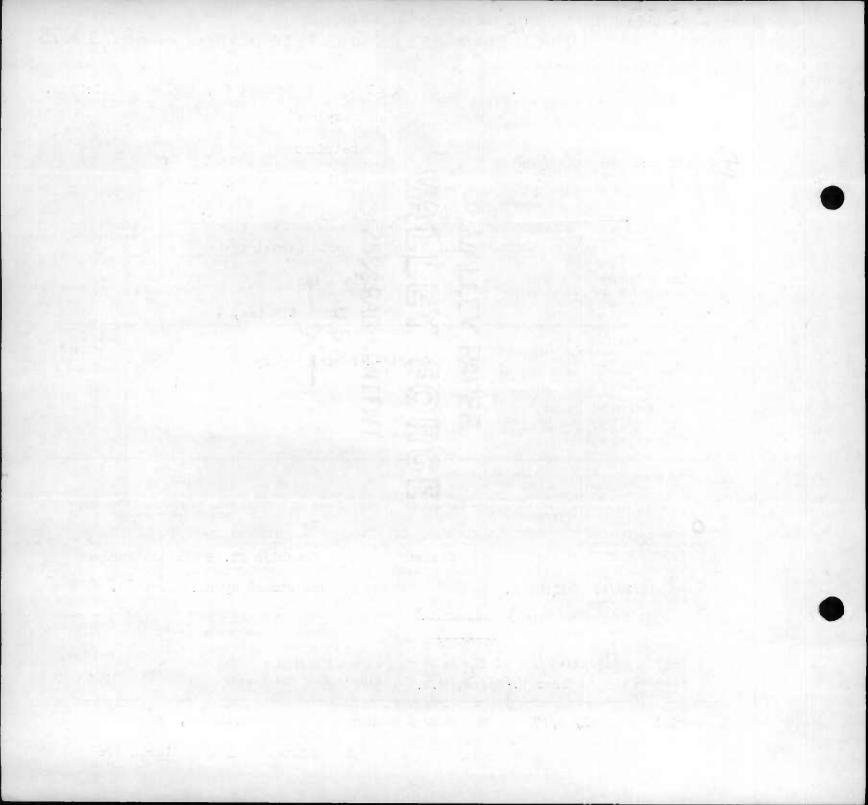
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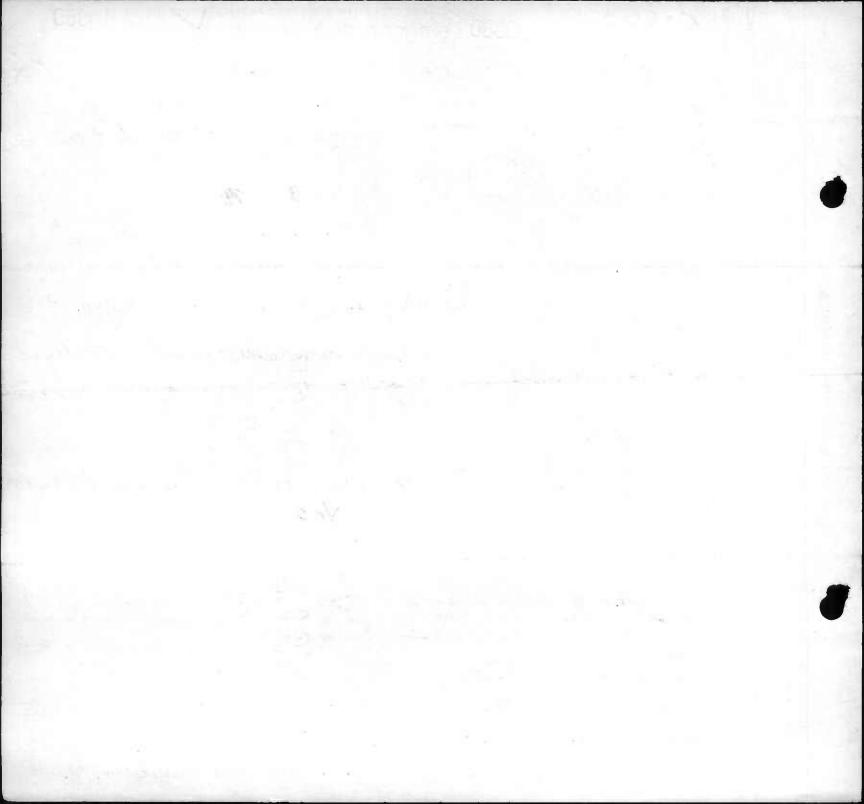
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-Z60 67 1	10/3	TE OF DEATH	Registered No.	67 10679
1. NAME OF DECEASED (Type or Print)	A. Cerolz		HOUR OF CEATH	1 35
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed tived. If institu	otion: residence before admission)
FULL NAME OF (If not in hospital or inst ADSPITAL OR address or location)	itution, give street	C. CITY OR TOWN (If outs)	ide City limits, write RUR	/ 0 0 0
Mary land Gene	D. STREET ADDRESS (If rujol, give locotion)			
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)		AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K done during most of working tife, even if retired)	INO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	- HRMER	14. MOTHER'S MAIDEN NAM	E Dans	11010
15. Was Oecased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of s	1-2.10.17	17. INFORMANT	to Odlace	ADDRESS
18.3 DISEASE OR CONDITION DIRECTLY	00 18 11 10A	F DEATH	1	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying	(A) DUE TO	vachebraff	temorthag	244us
heart failure, asthenia, etc. It means the d injury or complication which caused death ANTECEDENT CAUSES		essive fibrin	coly\$15	±3 yrs.
DISEASES OR CONDITIONS, if any, rise to the above couse (A) stotin UNDERLYING CONDITION lost.	giving	······································	,	V
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore Ci	ty, give exact location)
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hou	while At Work		RY OCCUR?	1/10
22. I certify that (1) (this haspital) atte	nded the deceased fram	11/1/		n death accurred an the date
and hour and from the causes stated at 23A. SIGNATURE	L XI	iew the bady after death.	23	B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	Phys	nding Med. S. Oirector P	or of the state of	11/5/4/
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	M.O.			lown, or county) (State)
Burial Nov. 8, 1967 25A. DATE REC'D BY HEALTH DEPT. 25B. N	Crest Lewn Gar	25C. FUNERAL DIRECTOR	Box 241 Gr	AODRESS
VS 150-REV. 1/1/65	a la designada	1 1 1 1 1	DUA CTI DY	kesville, Md.

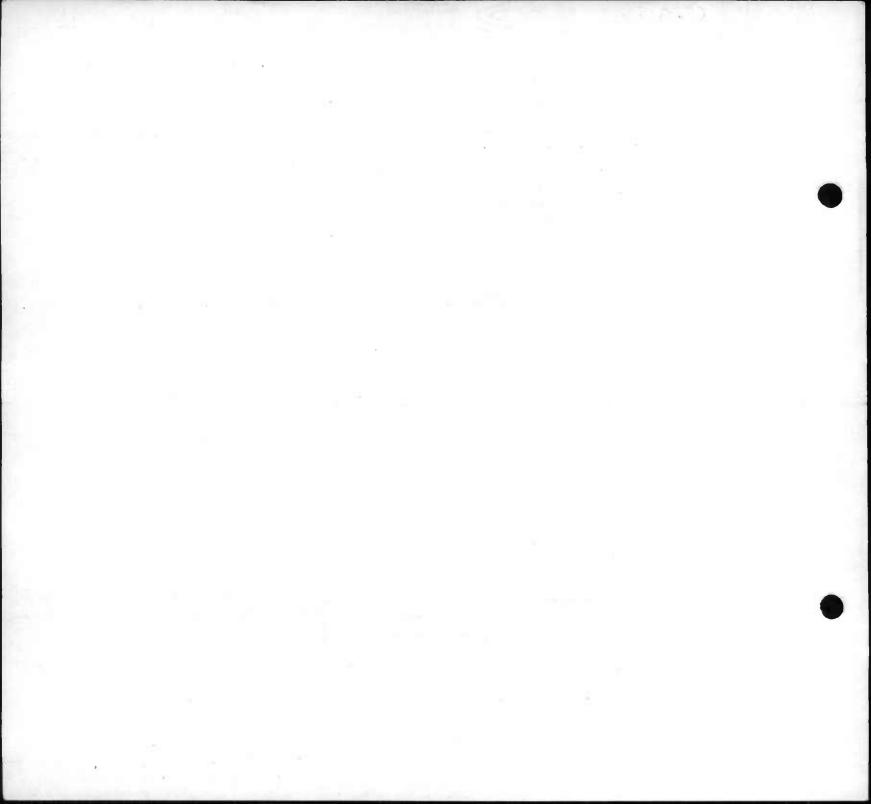
as solide believed by the Entrange July in the six Mandata Car

	B-6	55		BALTIMORE CITY	HEALTH DEPARTMENT		67 10680	
BIRT	H NO.	67	1066	CERTIFICA	TE OF DEATH	Registered No.	. 07 10000.	
1. N. (Typ	CASE NO. AME OF DECE e or Print)	Rugallan	1. KAT	HERINE	No	AND HOUR OF DEATH	57 1 2:20 P.M.	
		TH IN BALTIMORE, MA		also also also also also also also also	4. USUAL RESIDENCE (V A. STATE 8. CC	Where deceased lived. If DUNTY Baltino	institution: residence before admission)	
Н	FULL NAME OF Interpretation of the spiritual of the spiri			C. CITY OR TOWN (If outside city limits, write RURAL and give township) Pikesville D. STREET ADDRESS (If rurol, give location) McDonogh Road				
1								
5. S	emale	6. RACE White		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH May 3, 1894	9. AGE (In years lost highday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
		rorking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	Balto. (o. M.		12. CITIZEN OF WHAT COUNTRY?	
13. [ATHER'S NAM				14. MOTHER'S MAIDEN			
		s A. Bartell			Augusta Sc	hroditski		
(Yes	. Was Deceased Ever in U. S. Armed Forces? es,no arunknown) (If yes, give wor or dotes of service) NO			16. SOCIAL SECURITY NO. 213-16-5478	17. INFORMANT ADDRESS Mr. Charles M. Burnham Reisterstown, Md			
		O I E OR CONDITION DIF LEADING TO DEATH	RECTLY	CAUSE O	rebrovasce	las Accide	INTERVAL BETWEEN ONSET AND DEATH	
	heart failure, o	al mean the made of asthenia, etc. Il means plication which caused NTECEDENT CAUSES	the disease, death.)	(B) A	5/1/2		many years	
	rise to the	R CONDITIONS, if abave cause (A) CONDITION last.		(C)				
ATION	TO THE DE	II FICANT CONDITIONS C EATH BUT NOT RELATION CAUSING I	ATED TO TH		onder Infar	ction of Pre	Cemonia 14 days	
		OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A AUTOPSY (Yes o		E FINDINGS CONSIDERED AUSES OF DEATH?	
0	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. hom etc.	ie, form, factory, street, a	fice bldg. INJURY OCCUR	(If in Baltimo	ore City, give exoct locotion)	
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED	e	INJURY OCCUR?		
	22. I certify that (1) (this hospital) attended the deceased from 1967, that (1) (this hospital) attended the deceased from 1967, and that in (my) (our) opinion death occurred an the date							
				/	riew the body after dea			
	23A. SIGNATU		Note	-	ending Med.	Stoff Phys.	23B. DATE SIGNED	
	23C. PHYSICIAI	NS (pe)	ATONI		23D. ADDRESS	SPITAL	OF BATTIMAPK	
	BURIAL CREA REMOVAL (S	NATION, 24B. DATE Nov. 8,6		AME of CEMETERY of CR			City, town, or county) (State)	
25A	. DATE REC'D		Town 11 1 1 1 1 1		25C. FUNERAL DIREC	TOR	ADDRESS	
VS	NOV 8		25B. NAME 6	New Mola	J. F. Eline	2 & Sons Rei	sterstown, Md.	



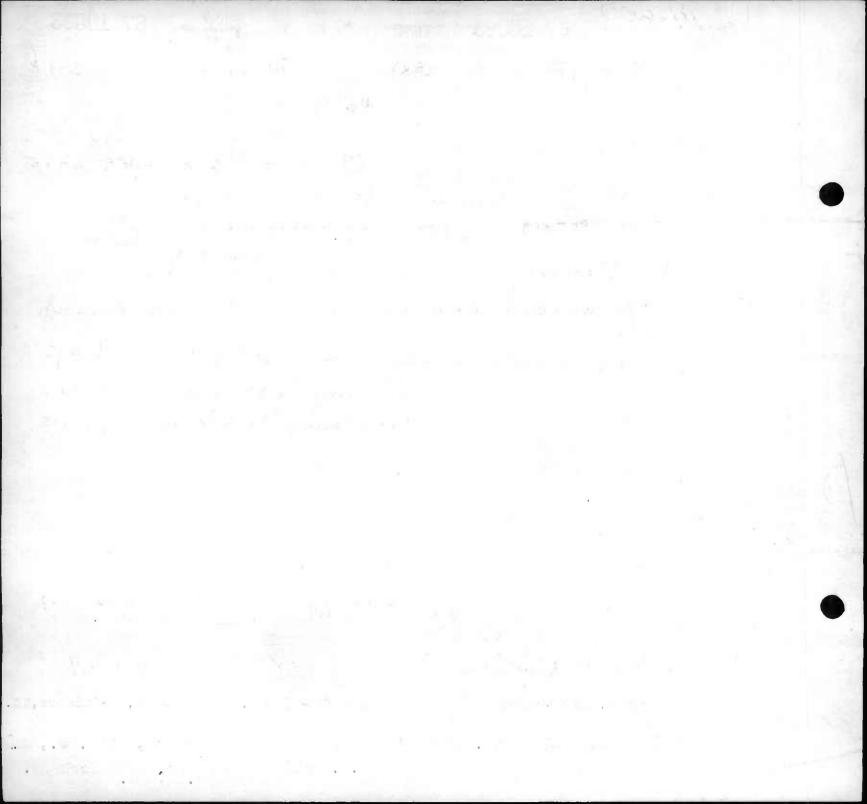
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. pital and of death the Such Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH LAWRENCE HOBSON CUMMINGS (Type or Print) uo. Nov. 6, 1967 9:45 a. hospital eath. 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance B. COUNTY Md. 21205 contributing cause (If not in hospital or institution, give street FULL NAME OF v HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend INSTITUTION 0 Baltimore = prior 2445 E. Eager St. D. STREET ADDRESS (If rural, give location) occurred 2445 E. Eager Street regular is mad 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX If Under 1 Yr. eceased WIDOWED, DIVORCED (specily) Months Doys Hours lost birthdoyl male white married 7/7/1905 62 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition Ē done during most of working life, even it retired) or Night Watchman ŏ Commerical Credit Md. Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 4 Charles Bummings Alice Sinclair assistant death U O ADDRESS 21206 kind; 15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance Jean DuVal, neice, 5754 B. Cedonia Ave. 213-03-9402 no any INTERVAL BETWEEN CAUSE OF DEATH pronounced 9 201 ONSET AND DEATH or his Also, DISEASE OR CONDITION DIRECTLY embalmed of Coronary Thrombosis LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, the chief medical examiner examiner. regular injury or complication which coused death.) ANTECEDENT CAUSES ho are 4 DISEASES OR CONDITIONS, if ony, giving 3 3 to the obove couse (A) stoling the the physician UNDERLYING CONDITION lost obtained before the remains Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. Body 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED to the hospital by 67 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF tNJURY (e.g., in or about 21C. WHERE DID home, larm, lactory, street, alfice bldg., tNJURY OCCUR? (II in Baltimore City, give exact location) where OR CONTRIBUTING _ CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) nature; 2 21D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While [(APPROX.) At Work and any 22. I certify that (I) (this hespital) attended the deceased from that (1) (we) last saw the deceased alive an and that in(my) (our) apinion death accurred on the date pe of death) hospital the body was released and haur and fram the causes stated abave. (1) (We) (did) (did.mbs) view the bady after death. must An accident 23B, DATE SIGNED 23A. SIGNA certificate must Attending Med. Stoff M.D. 0 Director L Phy s. written approval O 23 C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) Louis F. Klimes 4814 Bowleys Lane M.D. Ξ 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY deceased 24D. LOCATION (City, town, or county) (Stole) Ö shows: Ö Burial 11/9/67 Holy Redeemer Cemetery Baltimore. Was Schimunek Funeral Home, Inc. 2601 E. Madison St. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS V\$ 150-REV. 1/1/65

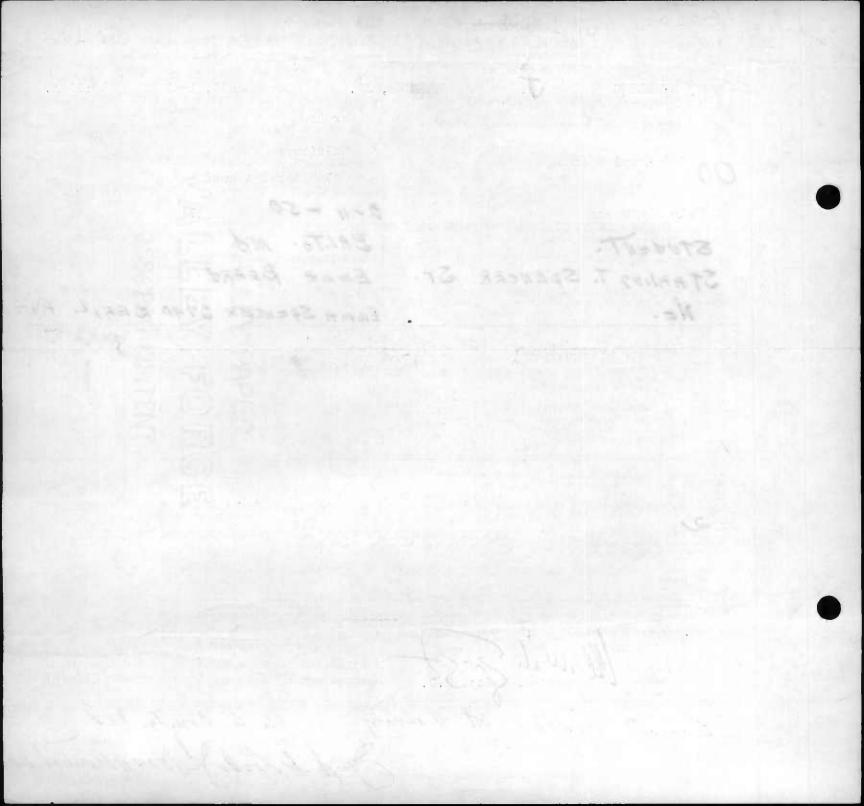


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	AME OF DECEASE	D			2. DATI	Registered No	
(Ту	pe or Print); Mr	IVVACA . FV	ancis Ne	(5R)	7/	016-1967	7:
3.	PLACE OF DEATH	N BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	Where deceased lived, If in	stitution: residence belore
	FULL NAME OF	(II not in hospital	or institution, give st	reet	Md. (Kesu		
	HOSPITAL OR	oddress or location		ice!		If outside only limits, write R	URAL ond give townshi
0	V				Balt	more	0/-1
7	Keswi	· LY			D. STREET ADDRESS	(If rurol, give location)	
1					(700 W.	4014 6 BO	ULDER L
5. 5	SEX 6. RA	ACE	7. MARRIED, NEVE WIDOWED, DIV	R MARRIED ORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
1	4	W	MAVY	ed	fan 17,188	7 804ns	
	USUAL OCCUPATION during most of working		10B, KIND OF BUSIN	NESS OR INDUSTRY	11 BIRTHPLACE (State of	loreign country)	12. CITIZEN OF WHAT COUNTRY
	Attorn	RETIK	RED 1	AW	(LISA)	Y Aruland	U.S.A
13.	FATHER'S NAME	V			14. MOTHER'S MAIDEN	NAMEA	WI ZI FS
	C	10 10			70	ECCLESTON	
15.	Was Deceased Ever	in U. S. Armed For	res? 1 16.50	OCIAL	17. INFORMANT	Dhoeman	ADDRESS
(Ye	s, no or unknown) (If y	es, give wor or dote	es of service) S	CURITY NO.	Q.	4H 1 -	
_	- Y	ES World	War T 21	6-46-3455	Israu S.	Me taul R.	N. Nesw
	18.5 27	/ 1		CAUSE OI	DEATH		INTERVAL BE
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		enio, elc. It meons		1	and the second	,	
		ition which caused CEDENT CAUSES		(B) tu	menasky Eu	sure for fr	100
	ANTE	CEDENT CAUSES		(B) - La	menasy Eu	April Sema	10 0
	DISEASES OR C	CONDITIONS, if bave cause (A)	any, giving	(c) Bro	menory En	que y panne	10 c
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Z	DISEASES OR Crise to the ob-	CONDITIONS, if bave cause (A) ONDITION lost.	any, giving stating the	(B) Tu DUE TO (C) Bro	Menary En	que o pranne	10 c
TION	DISEASES OR Crise to the ob-	CONDITIONS, if bove cause (A) DNDITION lost.	any, giving stating the	(B) - La DUE TO (C) Bro	merasy Eu	que o parma	10 c
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DICAL CERTIFIC	DISEASES OR CONTISE TO THE OBLATHOUSERS OR CONTINUED TO THE DEATHOUSERS OR CONTISEASE OR CONTISEASE OR CONTISEASE OR CONTRIBUTING DEATH (notify medical property) (APPROX.) 21.D. TIME (Moof INJURY (APPROX.) 22. I certify that that (I) (we) lost ond hour ond frame 23. SIGNATURE	CONDITIONS, if bave cause (A) NDITION Ist. II NT CONDITIONS CHEEN IN THE CONDITIONS CHEEN IN CONDITIONS C	any, giving slating the CONTRIBUTING ATED TO THE IT. ADDITION FOR WHICH FORMED 21B. PLAC home, for etc.) (Hour) 21E. INJU While At Work I) attended the deced olive on	OPERATION E OF INJURY (e.g., in n, foctory, street, of while At Work) Ceased from 2 (did) (did not) v M.D. Atte Phy:	20A. AUTOPSY? (Yes of obout 21C. WHERE DI fice bidg., INJURY OCCU 21F. HOW DID 22 On iew the body ofter deconding Med. 50	D (If in Boltimore INJURY OCCUR? 19 to d that in (my) (our) apir	FINDINGS CONSIDERED USES OF DEATH? City, give exoct locotic
DICAL CERTIFIC	DISEASES OR CO rise to the ob- UNDERLYING CO OTHER SIGNIFICAL TO THE DEATH- DISEASE OR CON 19A. DATE OF OPE 21A. ACCIDENT WO OR CONTRIBUTING DEATH (notify medi 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) lost ond hour ond fram 23A. SIGNATURE 123C. PHYSICIAN'S NAME (Type)	CONDITIONS, if bove cause (A) NDITION Ist. II NT CONDITIONS CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSING INTO CAUSE OF Icol exominer) (I) (this hospital sow the decease on the causes stored	any, giving slating the CONTRIBUTING ATED TO THE IT. ADDITION FOR WHICH-FORMED 21B. PLAC home, for etc.) (Hour) 21E. INJU While At Work I) attended the deced olive on	I OPERATION E OF INJURY (e.g., inn., foctory, street, of Not While At Work eased from 2 (did) (did not) v M.D. Atte	20A. AUTOPSY? (Yes of obout 21C. WHERE DI fice bidg., INJURY OCCU 21F. HOW DID 22F. HOW DID 22F. HOW DID 23D. ADDRESS	D (If in Bottimore R? (If in Bottimore INJURY OCCUR? 19to d that in(my) (our) apir oth. Stall Phys.	FINDINGS CONSIDERED USES OF DEATH? City, give exact location death accurred to the control of t
MEDICAL CERTIFIC	DISEASES OR CO rise to the ob- UNDERLYING CO OTHER SIGNIFICAL TO THE DEATH- DISEASE OR CON 19A.DATE OF OPEL 21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi 21D. TIME (Mo OF INJURY (APPROX.) 22. I certify that that (I) (we) lost ond hour ond from 23A. SIGNATURE 122C. PHYSICIAN'S NAME (Type) AUDTEY A. BURIAL CREMATI	CONDITIONS, if bove cause (A) NDITION Ist. II NT CONDITIONS CAUSING INTO CAUSE OF CAUSE OF CICOL exominer) (I) (this hospital is sow the decease of the couses stort in the couse	any, giving slating the CONTRIBUTING ATED TO THE IT. ADDITION FOR WHICH former, forme	I OPERATION E OF INJURY (e.g., inn., foctory, street, of Not While At Work eased from 2 (did) (did not) v M.D. Atte	20A. AUTOPSY? (Yes of or obout 21C. WHERE DID fice bidg., INJURY OCCU 21F. HOW DID 22 Z / G / On on iew the body ofter deconding Med. Director (According Med. Director (D (If in Boltimore R? (If in Boltimore R) (If	FINDINGS CONSIDERED USES OF DEATH? City, give exact location death accurred to the control of t
MEDICAL CERTIFIC	DISEASES OR CO rise to the ob- UNDERLYING CO OTHER SIGNIFICAL TO THE DEATH- DISEASE OR CON 19A.DATE OF OPEL 21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (we) lost ond hour ond from 23A. SIGNATURE 123C. PHYSICIAN'S NAME (Type) AUDREY A. BURIAL CREMATI REMOVAL (Specifications)	CEDENT CAUSES CONDITIONS, if bave cause (A) DNDITION lost. II NT CONDITIONS CAUSING I RATION 198. CON WAS PERI (AS UNDERLYING G CAUSE OF icol exomine) (I) (this hospital r sow the deceose m the couses stor D. Richa ON, 24B. DATE y)	any, giving slating the CONTRIBUTING ATED TO THE IT. ADDITION FOR WHICH-FORMED 21B. PLAC home, for etc.) (Hour) 21E. INJU While At Work I) attended the deced olive on the control of	OPERATION E OF INJURY (e.g., in, foctory, street, of Not While At Work ceased from A. W.D. Atternation of the Physics of CEMETERY of CRE	20A. AUTOPSY? (Yes of obout 21C. WHERE DI fice bidg., INJURY OCCU 21F. HOW DID 22 7 6 6 19 6 on on obout 21C. WHERE DI fice bidg., INJURY OCCU 21F. HOW DID 23D. ADDRESS Keswick - 70 MATORY 24	D (If in Boltimore R? (If in Boltimore R? to d that in (my) (our) apir oth. Stall Phys. D. LOCATION (Cit	PINDINGS CONSIDERED USES OF DEATH? City, give exact location death occurred to the control of t
MEDICAL CERTIFIC	DISEASES OR CO rise to the ob- UNDERLYING CO OTHER SIGNIFICAL TO THE DEATH- DISEASE OR CON 19A.DATE OF OPEL 21A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi 21D. TIME (Mo OF INJURY (APPROX.) 22. I certify that that (I) (we) lost ond hour ond from 23A. SIGNATURE 122C. PHYSICIAN'S NAME (Type) AUDTEY A. BURIAL CREMATI	CONDITIONS, if bove cause (A) NDITION IST. II NT CONDITIONS OF BUT NOT RELADITION CAUSING IN WAS PERIOR (A) CAUSE OF COMMENT OF COM	any, giving slating the CONTRIBUTING ATED TO THE IT. ADDITION FOR WHICH-FORMED 21B. PLAC home, for etc.) (Hour) 21E. INJU While At Work I) attended the deced olive on the control of	OPERATION E OF INJURY (e.g., in, foctory, street, of Not While At Work Ceased from 2, didd) (did not) v M.D. Atte Phy: G CEMETERY of CRE	20A. AUTOPSY? (Yes of obout 21C. WHERE DI fice bidg., INJURY OCCU 21F. HOW DID 22 7 6 6 19 6 on on obout 21C. WHERE DI fice bidg., INJURY OCCU 21F. HOW DID 23D. ADDRESS Keswick - 70 MATORY 24	D (If in Boltimore R? (If in Boltimore R?) INJURY OCCUR? 19 to d that in(my) (our) apir both. Stall Phys. D. LOCATION (Citation of the approximately app	PINDINGS CONSIDERED USES OF DEATH? City, give exact location of the control of t

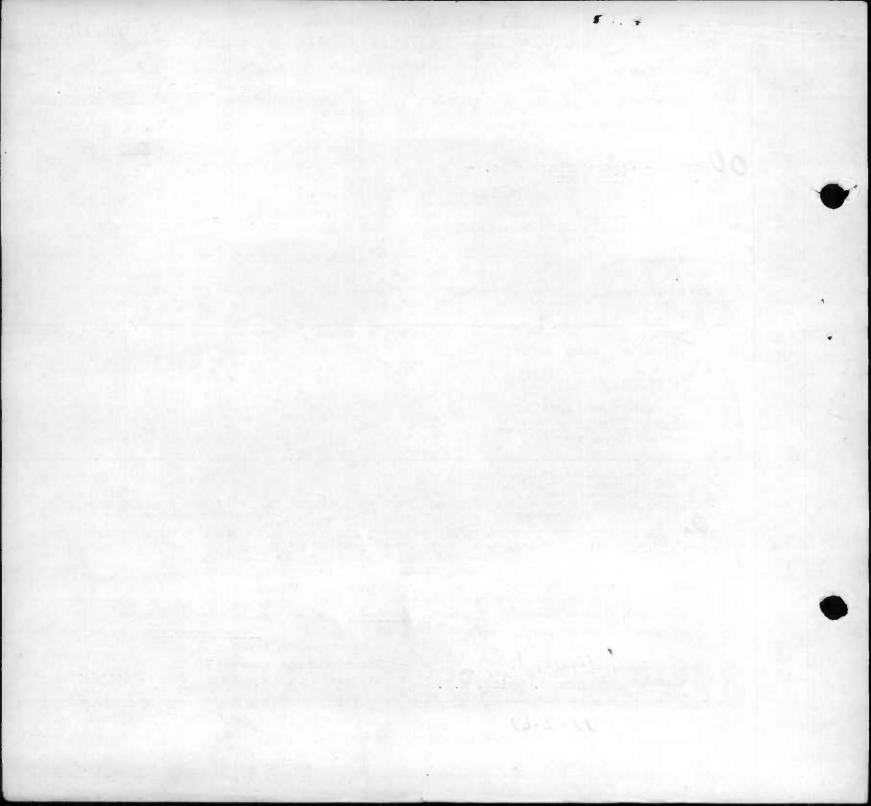


VS 151-REV. 1/1/65



67 10685

BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registe	red No. 07 10003
M.E. CASE NO.		
1. NAME OF DECEASED (Type of PUNKNOWN _ MALE)	2. DATE AND HOUR PRONOUNCE	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 21, 1967	4:05 P. M.
	A. STATE B. COU	NTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write	RURAL and give township)
INSTITUTION	UNK	00-00
Harbor - Foot of Charles St	D. STREET ADDRESS (If rurol, give lacation)	
Police Boat	UNK	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Male Negro	B. DATE OF BIRTH 9. AGE (In years lost birthday) 60-65	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Haurs, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, na or unknown) (If yes, give war or dotes of service) SECURITY NO.	IV. INFORMANT	ADDRESS
1B. 9 9 9 CAU	SE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
(T) 1	vning	
this does not meen the mode at dying, e.g., bent foilure, osthenio, etc. It means the disease, injury or complication which coused death.)		
injuly of complication which coused deaths		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST.		
<u> </u>		
OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes or Na) 208. IF YES, WERE FILL IN CERTIFYING CAUS	
ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.	, in ar about 21 C. WHERE DID (If in Baltimore City, gi	ve exact lacation)
THIRDING LICAUSE OF DEATH	resold UNK FOR	
21D TIME (Manth) (Doy) (Year) (Haur) 21E. INJURY OCCURRE	F 681 OF 3	CHANKES SI.
OF INITIBY	T WHILE TX UNK	
(APPROX.) UNK UNK WHILE AT NO AT	WORK	
I certify that I held on Inquiry Inspection A	ond that on this bosis, death in π	ny opinion
resulted from: Notural couses Accident Suic	ide Homicide Undetermined monne	er X
	CHIEF MEDICAL EXAMINER	
ACTUAL LAND CONTINUE	-	DATE SIGNED
SIGNATURE II TONG IN - I - OF	ASSISTANT MEDICAL EXAMINER X	
SIGNATURE (COME IN -/ M.	D. ASSISTANT MEDICAL EXAMINER X	
SIGNATURE EXAMINER'S Werner U. Spits M.D. M. M.D.	ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	8/22/67
SIGNATURE EXAMINER'S Werner U. Spit M.D. Which is a second secon	ASSOCIATE MEDICAL EXAMINER	
SIGNATURE EXAMINER'S Werner U. Spit M.D. Which is a second secon	ASSOCIATE MEDICAL EXAMINER	8/22/67
SIGNATURE EXAMINER'S Werner U. Spits M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETER'S REMOVAL (Specify)	ASSOCIATE MEDICAL EXAMINER	8/22/67
SIGNATURE EXAMINER'S Werner U. Spitz M.D. 23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETER'S PROVINCE CONTROL OF CEMETER'S PROVINCE	ASSOCIATE MEDICAL EXAMINER 23D. LOCATION (City, UNIVERSITY MEDICAL EXAMINER 24C. FUNERAL DIRECTOR	8/22/67 Town, ar county) (State)



VS 151-REV. 1/1/65

67 10686 .

BIRTH NO.			CAMINER'S			EATH Regist	ered No	57 10686
M.E. CASE NO								
1. NAME OF ((Type or Print)	DECEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
2 BLAGE IN B	ROBERT C. J		Mars stab	Un Hallah Brain	Octo	ber 26, 19	67	4:25 a M.
3. PLACE IN B	ALTIMORE, MARYLAND, W	HERE PRONO	INCED DEAD	A. STATE		B. CO	UNTY	dence before odmission)
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITE	JTION, GIVE STREET		nnsylvan	1a corporate limits, writ	e RURAL or	nd give township)
HOSPITAL OR	ADDRESS OR LOCA	(IION)					1/	2
3 3		1		Philad D. STREET ADD		rive location)	7-	55
Jon	ns Hopkins Hos	pital	J.O.A.				t m	0.4
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIR		or 183.		Street 1 Yr. If Under 24 Hrs.
1			DIVORCED(specify)			lost birthdoy)		Doys Hours Min.
Male	White	TOP WIND O	BILGINIESS OR INITIES	DVIII DIDTUDI ACE	/State as fassion	25	12 CITY	N OF
	CUPATION (Give kind of worl of working life, even if retired)	CIUD KIND O	BOZINEZZ OK INDOZII	KITT. SIKIHPLACE	(Store or loreign	country)	12. CITIZI	T COUNTRY?
13. FATHER'S N	ANAE			14. MOTHER'S A	A AIDEN NAME			
13. FAIRERS IN	AIVIE			14. MOTHER 3 N	MAIDEN NAME			
15 WAS DECE	ACPTS FLAFTS IN THE ACADEST	TODOTCO.	11/ 50/5141	17. INFORMANT			ADDRESS	
	ASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDKE33	
1B	-11 4		CAUS	E OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DI	RECTLY						ONSET AND DEATH
	LEADING TO DEATH		(A)	ries of h	ead and	neck, seve	re	
heort foil	es not meen the mode of ure, osthenio, etc. It meens complication which caused	the discose.	DUE TO					
RISE TO UNDERL	ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) 5' YING CONDITION LAST. II SIGNIFICANT CONDITIONS E DEATH BUT NOT RE	CONTRIBUTI						
DISEASE	OF OPERATION 198, CON	FIT.		200 ALITORS	W2 /V N-) [AAD IP VPC WEBE E	INDINGS 6	ONGIDERED
Ö)	WAS PER		WHICH OPERATION			N CERTIFYING CAU	SES OF DE	
ZIA. EXTER	NAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.		ES	Y I f in Boltimore City, c		cotion)
UNDERLYIN UTING C	G XOR CONTRIB- AUSE OF DEATH.	home etc.)	, form, foctory, street,	office bldg., INJUR	Y OCCUR?			03-0
Z 21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	Street		S. Kt. 7		th mil	le of Stevens
OF INJURY	40 04 45				OW DID INSO	KI OCCOK:		Rd.
	10 26 67	2:20,2	VORK AT	WHILE X	Subject	driver in	auto-a	auto collisio
22.	ertify that I held on I	nquiry 🗌	InspectionA	utopsy X ar	d that an this	bosis, death In	my opinio	n
re	sulted fram: Notural ca	uses	-	de Hamic	ide U	ndetermined manr	ner 🗌	
	01,		1-4		EDICAL EX	AMINER		
ACTU		27	21					DATE SIGNED
	ATURE WINER'S		M.	ASSOCIATE I				
		S. Spr	ingate, M.D.	AN	ATONY	BULLON	Octob	er 26, 1967
23A, BURIAL C	REMATION, 238, DATE		C. NAME of CEMETERY	or CREMATORY	23 D. LC	CATION (City	, town, or	
REMOVAL (Spe	11/2	10		TIN	IVEDGE	EV MEDI	11	10013
24A. DATE REC	D BY HEALTH DERT	24B, NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR	A E HELEFA	A	DDRESS
	1967	P.P.	and the state of t					
		1750 24 3	ACT	9	MODTEL	DV CEDY	VICE	12("H11

Service no. or diffice of the Tour and the second

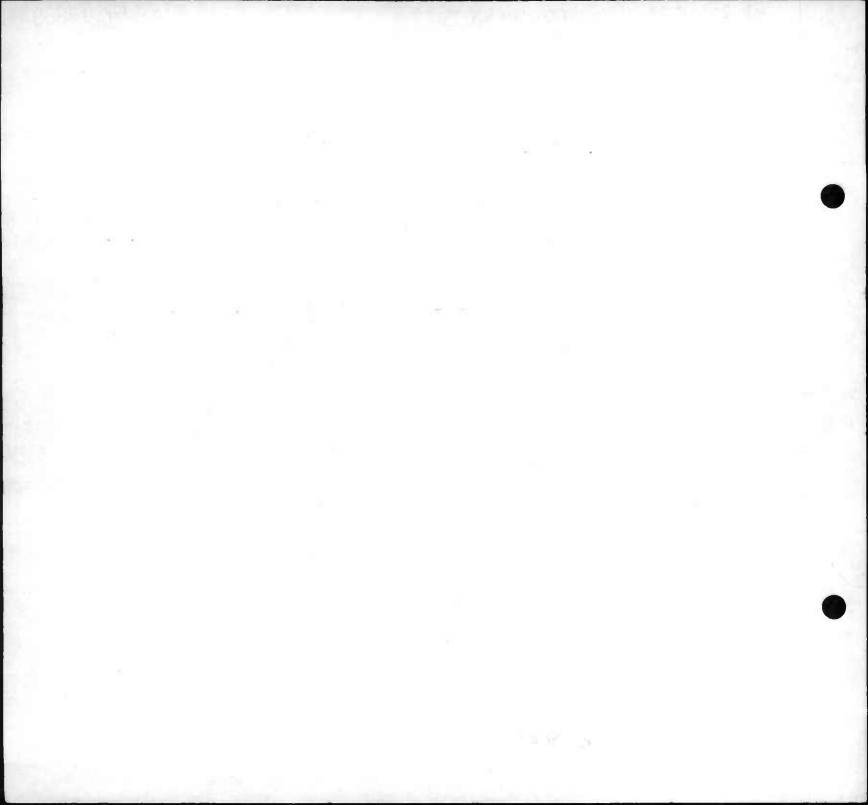
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	or contributed or con	
IMPORTANT	Also, if the direct e of any kind; (4) Ul ounced death was	
FUNERAL DIRECTOR: IMPORTANT	f medical examiner. medical examiner. y burns; (3) A fractur physician who pron ian was in regular	TO E STATE OF THE
FUNE	approved by the chie of the hospital by a fany nature; (2) Bod (except where the); and (6) No physic	CALCADO CONTOCO O
	This certificate must be approved by the chief medical examiner or his assistant if death occurr the body was released to the hospital by a medical examiner. Also, if the direct or contribustows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine was D.O.A. at a hospital (except where the physician who pronounced death was in regula deceased prior to death); and (6) No physician was in regular attendance on the deceased	S ASITE ICACION LOLLINA

	67	10687	BALTIMORE CITY	HEALTH DEPARTMENT		67 10000
BIRTH NO.		20001	CERTIFICA	TE OF DEATH	Registered No	01 70001
M.E. CASE NO.	ASED				AND HOUR OF DEATI	1
(Type or Print)	P	TRIFAN			0-28-67	10:35
3 PLACE OF DEA	SABIN TH IN BALTIMORE, MA					institution: residence before admissi
of vende of ben	THE THE THE THE			A. STATE B. CO	UNTY	
FULL NAME OF	(If not in hospital		street	800 €.	Paltimo	ee St. RURAL ond give township)
HOSPITAL OR	oddress or location	1)		C. CITY OR TOWN (IF	outside city limits, write	RURAL ond give township)
	n.			BAIL	mole (If rural, give location)	5-01
27	MERCY					1
9/				Mo	Ky IAND	
5. SEX	6. RACE	7. MARRIED, NEV	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min
m				10-6-88	1 G	Monins Doys Hours Min
IOA. USUAL OCCU	PATION (Give kind of work	10B. KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF
done during most of w	rorking life, even if retired)					12. CITIZEN OF WHAT COUNTRY?
SPARROWS	Print Ste	e1 mill		Koms	NIA	
13 FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	
77.7				1 10 10 10		
15, Wos Deceased	Ever in U. S. Armed For	ces? 16.	SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown)	(If yes, give wor or date	s of service)	SECURITY NO.			
18. 5-4 6	0,01		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASI	E OR CONDITION DIR	RECTLY	1.1.	1	0 ,	
	LEADING TO DEATH		(A) Off O	-K, Probably	2 to 3EF	TIGHIA 130
	of mean the mode of asthenia, etc. It means		DUE TO	OR HEPATIO	coma	
	plication which coused			ok probably or HEPATIC on GIT blue cer lesser capepatic you nutrition, les	1 . 20 6	00 1 5
A	NTECEDENT CAUSES		(B) UPP	or GII bell	arna 2 To	gastic
DISEASES O	R CONDITIONS, if	any, giving	til	cer, lesser	importure	
rise to the	obave cause (A)		(C) Ext	apepatic per	odire, et	s Cogy (1)
UNDERLYING	CONDITION lost.		mal	nutrition, les	naciation	,
-	11		inhe	chin		
OTHER SIGNIF	TICANT CONDITIONS C	ONTRIBUTING	0	0,0,0		
	CONDITION CAUSING I	т				
19A. DATE OF	OPERATION 198. CON	DITION FOR WHICE	CH OPERATION	20A. AUTOPSY! (Yes) or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ER O						
OR CONTRIBUT	TING CAUSE OF	21 B. PLA	orm, foctory, street, o	n or obout 21C. WHERE DID lfice bldg., INJURY OCCUR	(If in Boltime	ore City, give exact location)
DEATH (notily	medical examiner)	etc.)				
21 D. TIME	(Month) (Doyl (Year)	(Hour) 21 E, INJ	URY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY		While A	Not Whi	e C		
		Work	At Work			10 50
22. I certify	that (I) (this hospitol			1/6	19 67 10 /	0/28 196
that (I) (we)	lost saw the decease	d olive on	5cr 28	19 6 / and	that in(my) (aur) a	pinion death accurred on the
-			e) (did) (did not)	view the bady ofter deat	-	
23A. SIGNATUI		33 (17)	1			23B, DATE SIGNED
n.	. 71	10	M.D. Att	ending Med.	Stolf S	1 01.
V/Ca	ua J.	Gul	Phy	s. Director	Stolf Phys.	10/24/6.
23C. PHYSICIAI	rpe)			23D. ADDRESS		
n A A	12 1 A VI	QUE	M.D.	MERCO	1 V NHOST	TALIVIAN
24A. BURIAL CREA		24C. NAME	of CEMETERY of CR	EMATORY 240	LOCATION	City, town, or county) (Stor
REMOVAL (S	pecify)	10		INIVID	CITY MED	TOOR SCHOOL
264 5455	1///7/			6 1 3 1 7 2 73	A THE STREET	. CAL SCIUUL
25A. DATE REC'D	11/-/			0112121	- A - A - A - A - A - A - A - A - A - A	
810	BY HEALTH DEPT.	25B. NAME OF R	4768	25C. FUNERAL DIRECT	TOR	ADDRESS
NO	BY HEALTH DEPT. V 9 1967 (R)	25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECT	JARY SERV	ICE - BCHD
VS 150-REV. 1/1/6	V 9 1967 A	25B. NAME OF R	4768	25C. FUNERAL DIRECT	JARY SERV	ICF BCHD

Makey low o 77 88-1-01 waterman 2000 Roman Will soft to the some

	67 1	BALTIMORE CITY	Y HEALTH DEPARTMENT	67 10688
	TH NO.	CERTIFICA	TE OF DEATH Registered No.	. 20000
1.1	E CASE NO.		2. DATE AND HOUR OF DEAT	н
	pe or Print) Terest White		October 28 1067	2:10 D N
3.	Leroy White	0	October 28, 1967 4. USUAL RESIDENCE (Where deceased lived, If A, STATE B. COUNTY	institution; residence before admission)
	FULL NAME OF (II not in hospital or instit HOSPITAL OR oddress or tocation)	lution, give street	Maryland C. CITY OR TOWN (If outside city timits, write	RURAL and give township)
1	NSTITUTION			14-01
R	olton Hill Nrsg. & Conv.	Center	D. STREET ADDRESS (If rurol, give locotion)	11-0
1	roon mili miss. a conv.	OCITACI	1718 Division Street	
5. 5		RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	Male Negro	Separated (specify)	March 8, 1899 lost birthdoy) 68	Months Doys Hours Min.
102	USUAL OCCUPATION (Give kind of work 10B, KI			12, CITIZEN OF
don	e during most of working life, even if retired)			WHAT COUNTRY?
10	EATHERS MAAAS		North Caroling	U. S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Thomas White		Amanda White	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (if yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT 1400 Johns Street	ADDRESS
,	,	212-56-3779	Bolton Hill Nursg. & Conv	Centen
_	18. 3 2 / 8		OF DEATH A	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	9	C. U. A.	ONSET AND DEATH
	LEADING TO DEATH	(A) Let	it hemiplesia	2 Um 3
	(This does not mean the made at dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO		
	injury ar camplication which caused death.		terios derios: a	50.0 - 0 - 05
	ANTECEDENT CAUSES	(B) DUE TO	1-11-30(41/0/)	severed MT
	DISEASES OR CONDITIONS, if any,			
	rise to the above cause (A) stating	the (C)		
	UNDERLYING CONDITION lost,			
z	OTHER SIGNIFICANT CONTRIBUTE CONTRI	BUTING		
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED 1	O THE		
	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES. WER	E FINDINGS CONSIDERED
CERTIFIC	WAS PERFORME		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI	AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	in or about 21C. WHERE DID (If in Boltime	ore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	
DIC	21D. TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	OF INJURY	White AI No! Whi		
	(APPROX.)	Work At Work		
	22. I certify that (I) (this hospital) atter			10. 28 19.67
	that (I) (we) last sow the deceased oliv		19 67 and that in (my) (our) o	pinion death occurred on the do
	and hour and from the couses stated about			
	23A. SIGNATURE	4 100		23B. DATE SIGNED
	7/0/2-1	TO M.D. All. Phy	ending Med. Stoff Phys.	10.28.67.
	23C. PHYSICIAN'S		23D. ADDRESS	4 9 /
	NAME (Type)	M.D.	AMATORE DOLES	ALL SE FORTE VALLE
241	A SUBIAL CREMATION 1248 DATE	24C. NAME of CEMETERY OF CR	ANA TORY	Charles AND
4 1	REMOVAL (Specify)	240. HAME OF CEMETERY OF CR	EMATORY 24D, LOCATION (City, town, or county) (Stote)
	16-31-6		UNIVERSITY WILL	AL SCHOOL
25/	A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	NOV 9 1967 DO	R. S. Fallenns	MURIUARY SER	VICE RCHR
VS	150-REV. 1/1/85			



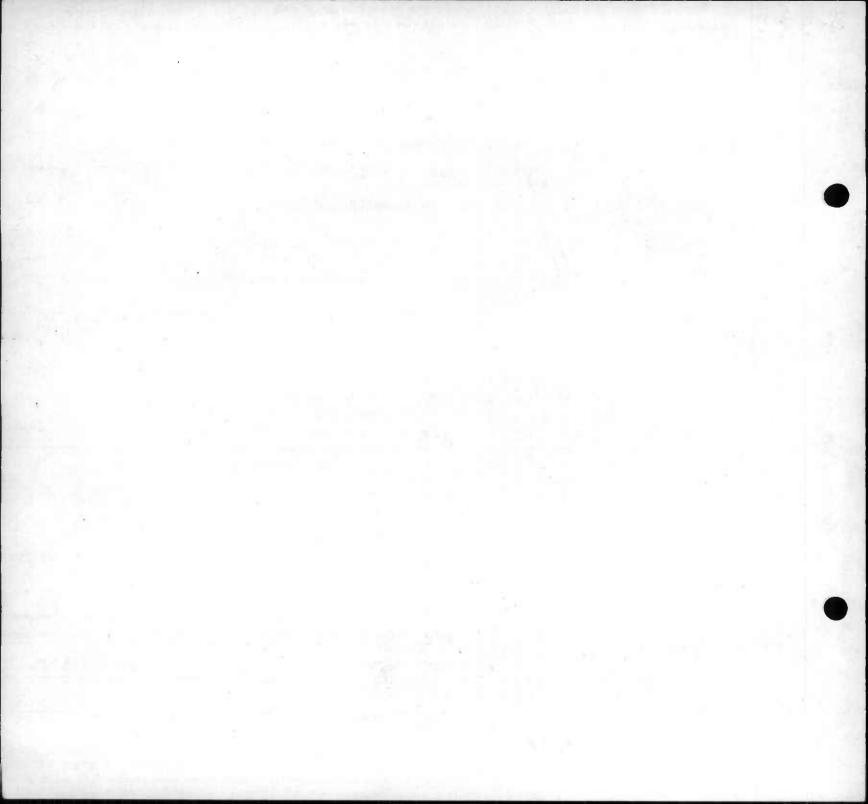
A-5201

	Cr	7 400	BALTIMORE CITY	HEALTH DEPARTMENT		67 10000
BIRTH NO. 67-	20974	TOP	CERTIFICA	TE OF DEATH	Registered Na	67 10689
M.E. CASE NO.	FACED			la 64-11	AND HOUR OF DEATH	
Type or Print)		girl e	f Joan Amos	2. DATE	10-19-67	3:50 A
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If	nstitution; residence before admissio
FULL NAME OF	OF (If not in hospital oddress or location	or institution, 1)	give street	Maryland		RURAL ond give Jownship)
20			ital, Inc.	Baltimore D. STREET ADDRESS	(If rurol, give location)	9-09
37	1514 Div	e. Mary	rland 21217	1524 Holbro	ok Street	
Female	6. RACE Negro	7. MARRIED, WIDOWE	NEVER MARRIED D. DIVORCED (specify) Lngle	B. DATE OF BIRTH 10-18-67	9. AGE (tn years last birthday)	If Under 3 Yr. If Under 24 H Manths Doys Haurs Min.
OA. USUAL OCC				11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
none during most of	working file, even if retired)			Baltimore,	Maryland	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	
	dward Amos			Joan Whitti	ngton	
5. Was Deceased	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
	yes, give wai ai adie	- GCITICE/		Joan- Mothe	r 1524 Holb	rook Street
18.7/	2.51		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Prem	aturity		
	not mean the mode of		DUE TO	······································	***************************************	
	asthenia, etc. 1t meons					1-7-7
	ANTECEDENT CAUSES		(B) Atel	ectasis Neoat	orium (prob	ably
			DUEHvat	ive membrane)	***************************************	
	OR CONDITIONS, if a above couse (A)		•			
	G CONDITION last.	stuning the	(C)			
E TO THE D	II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING 1	TED TO TH				
		DITION FOR	WHICH OPERATION	Yes	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B hom etc.	ne, form, foctory, street, o	or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exact location)
21D. TIME	(Manth) (Day) (Year)	(Hour) 21 s	. INJURY OCCURRED	21F, HOW DID II	NILIRY OCCUP?	
2 OL 11430KI			ile At Mat While			
(APPROX)		Wa				
22. I certify	that (1) (this haspital) attended t	he deceased from Oct	ober 18,	19 67 to Oct	ober 19, 19 67
			October 19,	4		
						inion death accurred on the d
and haur an	d from the causes stat	ed abave. (l) (We) (did) (did nat) v	iew the bady after death	٦.	
23A. SIGNATU		/				23B, DATE SIGNED
	Y. Sitary	bour	M.D. Alle	ending Med.	Stoff Phys.	10-20-67
23C. PHYSICIA	N°C			23D. ADDRESS	rnys. 🗀	
NAME (1	P. SETASUB	SAN	M.D.	1514 Divisio	n Street	Balto., Maryland
4A. BURIAL CRE		24C. N	AME of CEMETERY OF CRI	-34.55.143.645.1	- 2071110	City, town, or county) (State)
REMOVAL (and an entire	UNIVERS	SITY MEDI	CAL SCHOOL
5A. DATE REC'D	BY HEALTH DEPT.	258. NAME (OF REGISTRAR	25C. FUNERAL DIRECT	ADV CEDU	ADDRESS DOTHER
N.	OV 9 1967 (R.O. Br	E. Farberta	MINKIU	AKY SEKV	ICE " PITTER
/S 150-REV. 1/1/	65					

directly a continue that the part of the later , No. of the second secon . . .

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	~ CM 41	BALTIMORE CITY	HEALTH DEPARTMENT		C7 10000 =
BIRTH NO. 67-2160	r 67 1	CERTIFICA	TE OF DEATH	Registered No	b/ 11/b3U
(Type or Print)	W Gin	L Jones		AND HOUR OF DEATH	1 4:00P
3. PLACE OF DEATH IN B	ALTIMORE, MARYLAN				stitution: residence before admission)
HOSPITAL OR OC	not in hospital or insti	tution, give street	C, CITY OR TOWN . (If o	autoida eita limite vuita l	RURAL ond give township)
INSTITUTION +6	nn 11	as Dital	BALto	Joistoe City Illinis, while	20-02
LW11/61	ran H	ospina	2823 W	Mulber	nry St.
Female Ne	900 W	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	10/25/67	9. AGE (In years lost birthdoy)	Months Doys Hours Min,
done during most of working life	(GWe kind of work 10 B, K) e, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BERTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Inll		14. MOTHER'S MAIDEN N	5 Ger	aldine
15. Was Deceased Ever in (Yes, no os unknown) (If yes,	J. S. Armed Forces? give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	3,000	ADDRESS
18. 774X	1	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY G TO DEATH	(A)	Prematur	ty	10/27/67 10/
(This does not mean heart failure, astheria injury ar camplication	, elc. II means the d	e.g., DUE TO sease,		0	-10/28/12
	DENT CAUSES	(B)	Cardio res	piratory	4 1000
DISEASES OR CON sise to the above UNDERLYING COND	cause (A) statin	giving	arre.	W. V	1 1000
OTHER SIGNIFICANT TO THE DEATH I DISEASE OR CONDITI	11 CONDITIONS CONTRI	BUTING TO THE		1	
19A. DATE OF OPERATI		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., home, loim, foctory, street, etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
	(Doy) (Yeor) (Hou	While At Work At Work		NJURY OCCUR?	
22. I certify that (1)	(this hospital) atte	nded the deceased fram	10/25/67	19 to 28	19
that (I) (we) last sa		e an (0) 28 6)			nian death accurred on the date
23A. SIGNATURE	Shrobh		ending Med.	Stoff Phys,	238. DATE SIGNED 10128/67.
23C. PHYSICIAN'S NAME (Type)		M.D.	23D. ADDRESS	THE DOLDO	OE MADVIAND
24A. BURIAL CREMATION, REMOVAL (Specify)	11/2/12	24C. NAME of CEMETERY of CR	EMATORY 240.	LOCATION (CI	ty, town, or county) (State)
25A. DATE REC'D BY HEAD		AME OF REGISTRAR	2SC. FUNERAL DIRECTO	OR	ADDRESS
WOV VS 150-REV. 1/1/65	9 1967	O. B. E. Falkway	MUKIU	AKY SFRV	CE BCHB
				total and a second	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

written approval must be obtained before the remains are embalmed or final disposition is made.

Such

BIRTH NO.67-21861 67 11	30.7	Y HEALTH DEPARTMENT	Registered No.	67 106914
M.E. CASE NO. 1. NAME OF DECEASED	CERTIFICA	TE OF DEATH	ND HOUR OF DEATH	
(Type of Pan) Baby Boy Dyson 3. PLACE OF DEATH IN BANTIMORE MARYLAND		4. USUAL RESIDENCE (Wh	10/23	167 8 p m.
FULL NAME OF (If not in haspital or instituted by the second of the seco		A. STATE B. COU	NTY	
Lutheran Hospital of	maryland	BAltiMER	frural, give location)	RURAL and give township)
49		1619 MOREI	And Ave.	
MALE Negro. WIDO	RIED, NEVER MARRIED QWED, DIVORCED (specify)	10123167	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		Beverly	Dyson	
15. Was Deceased Electin U.S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of serv	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	DISON	ADDRESS
18. 7 7 H X I	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE/OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Prematur	ty	5hrs.
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc injury ar complication which caused death,)			1	
ANTECEDENT CAUSES	(B)	Cendro-re	spiralory	•
DISEASES OR CONDITIONS, if ony, gi rise to the obove cause (A) stoting UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or h	10 CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
Z1D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Work At Work		JURY OCCUR?	
22. I certify that (1) (this hospital) attend			19 67 to	10/23 1967,
that (1) (we) lost saw the deceased alive and haur and fram the couses stated above				inion death accurred an the date
23A. SIGNATURE SAME	6h. M.D. AH	tending Med.	S " —	23B. DATE SIGNED
23C. PHYSICIAN'S	Ph	23D. ADDRESS	Phys.	(4/03/6/
NAME (Type)	M.D.	ANATO	MW DOIDS	OE HADVE AND
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	REMATORY 24D.	LOCATION VALUE (C	city, down, or county) A - (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	SHY MET	ADDRESS
NOV 9 1967 R.D.	BE, FarleyMa	MORTU	ARY SERV	ICE - BCHD
VS 150-REV. 1/1/65	125-100-00-00-00-00-00-00-00-00-00-00-00-00	and the same and the same	Tar	

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	67	10692 BALTIMORE CITY	HEALTH DEPARTMENT		67 10692
BIRT	IN NO. U I O' I I I	CERTIFICA	TE OF DEATH	Registered Na.	01 10000
1, N	AME OF DECEASED	A	2. DATE A	ND HOUR OF DEATH	
	De or Print Pagy Duy	MEYERS		11-1-6	1 11 A:
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAI	ND //	A. STATE B. COU	ere deceased lived. If i	stitution: residence before admissio
	FULL NAME OF (If not in haspital or ins	tilution, give street	Ind.		
	NSTITUTION POSSESS OF ISCORDING		c. city or town (If or	utside city limits, write	RURAL and give mship)
	27 MICKO	1	D. STREET ADDRESS	ruyal give location)	×1, 90
	0/		1604	Make	worth Wa
5. S		ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Days House Min.
10.3	USUAL OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OF INDUSTRY	11/1/67		3 /
	e during most of working life, even if retired)	KIND OF BUSINESS OK INDUSIKE	M AC V Ca	country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	. 0	14. MOTHER'S MAIDEN NA	ME	
	las to	tate d.	Mari	Mene	rs.
15. V	Was Deceased Ever in U. S. Armed Forces? s,na or unknawn! (If yes, give war ar dates of	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and a second and a second as a		/	0	
	18.7610	CAUSE	tal distres mature se		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	Y In	to din tre	43	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dyin	g. e.g., DUE TO	14/4/10/10) <i>X</i>	9/1/1/20
	hearl failure, asthenia, etc. It means the	disease,	and to so se	so to tion	de
	injury or complication which coused deal	n.)	emajore of	75919/101	7
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony,	DUE TO	bonesto	**************************************	
	rise to the above cause (A) stati	giving	190119		
	UNDERLYING CONDITION loss.				
z	OTHER SIGNIFICANT CONDITIONS CONTI	PIRITING			
ATIO	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
FIC/		N FOR WHICH OPERATION	20A. AUTOPSYTON	208. IF YES, WERE	FINDINGS CONSIDERED
ERTIF				1	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., home, form, factory, street, etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact locotion)
O	21 D. TIME (Month) (Doy) (Year) (Ho	our) 21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
ME	(APPROX.)	While At Not Whi		-	
		Work Al Wark	11-1-		11-1- 10
	22. I certify that (1) (this hospital) att	1/-/	11	.19 () / ta	19.67
	that (I) (we) last saw the deceased ali		1		Inian death accurred an the d
	and have and from the causes stated a	bave. (I) (We) (did) (did nat)	view the bady after death.		TOOR DATE SIGNED
	Marono Runner	TIOLITO M.D. AH	ending Med.	Stoff A	23B. DATE SIGNED
	23C. PHYSICIAN'S	Phy	23 D. ADDRESS	Phy s.	1111
	NAMENTYPE DONG PIL	ANGRICHTOAN	M. 4	/ .	
24A	BURIAL CREMATION, 248, DATE	24C. NAME OI CEMETERY OF CR	EMATORY 124D	LOCATION	city, town, or county? (State)
	REMOVAL (Specify)	The state of the s	ANTATO		Sign of County (Sinter
25A	DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	BCITY ME	ADDRESS
	NOV 9 1967 67	Leib E. Janher M.	MORTI	ARY SERV	ACE BOHB
-	150-REV. 1/1/65		AIRORLO	ARABA DEN	IVL - DUNI

n/e/ez Maryland

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	if d ect 4) U was the spos
N	dir nd; (ath on
RT	ssist f the y kin d de ance
APC	his of it and incedended or
\leq	Also and all me
FUNERAL DIRECTOR: IMPORTANT	iner ractu pro pro ular
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DIR	cale at es; (3 s; (3 ian is in
AL	nedice edice ourn hysic n wo
JER.	a mody kee ple ple icial
F	by by Bo 2) Bo 2) Bo e th phys
_	y there; (%)
	hosp afun (6) ined
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	of a to of a tal (th);
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	was was A. al pric
	s: (1)
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	- + vi > 0 >

	. 07 40	BALTIMORE CITY	HEALTH DEPARTMENT		65 40000 J
	H NO. 67-22011 67 10	693 CERTIFICA	TE OF DEATH	Registered Na.	67 10693
1. N	AME OF DECEASED	NSey		D HOUR OF DEATH	1230 A M
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased livers if ins	titution residence before admission)
11	ULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN WOR	side city limits, write RL	JRAL and give township
12	Siwai Hospital 1	Battimore Inc	D. STREET ADDRESS (III	lences	0 15-08
			2603 EL	seno	Pul.
5. S		RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIN) during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		D3.17.
	responer		Mune	el /	ously
15. Yes	Was Deceased Ever in U. S. Armed Forces? i,no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	17. INFORMANT	,	ADDRESS
	18. 776 XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	P.	ematurity.	2 Museo ba	8 60 0
	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	ematurity. Jestation; 110.	You by ut.	
	injury ar camplicalian which caused death.) ANTECEDENT CAUSES		,	9 /	-
	DISEASES OR CONDITIONS, if any, gi	(B) DUE TO		~00~00	***************************************
	rise to the above cause (A) slating UNDERLYING CONDITION last.	, -		***************************************	
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO		-		
	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., inhome, farm, factory, street, or etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
-	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E, INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
<	(APPROX.)	While At Not While Work At Work			
	22. I certify that (I) (this hospital) attend		7 42	9 67 ta 067	
	that (I) (we) last saw the deceased alive and haur and from the causes stated abav			in(my) (owr) opini	ian death accurred an the date
	23A. SIGNATURE	or (i) (iii all)	new the body diter death.		23B, DATE SIGNED
	Benjamin K	Consky M.D. Alle	ending Med. Director	Staff Phy s.	10/20/67
	23C. PHYSICIANS NAME (Type) Benjamin	trops/Ky M.D.	23D. ADDRESS	le spital 1	BoottongraND
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRI	JOHNS I	OPKINS I	, town, or county) (Stole)
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	A F. Y. C.	ADDRESS D.C.I.I.D.
Ve	NOV 9 1967 P. O.	BE Starley MA	MURIU	AKY SERV	CE - BUND
Λ.2	13U-RE V. 1/1/03				

1/4/43

	. ~	6	7 100	BALTIMORE CI	TY HEA	LTH DEPARTMENT	1/	67 10694		
LAIP	C C Z Z 140'	26500 6	. 100	O 4 CERTIFIC	ATE		Registered No.			
	DE OF Print)		BOY	SYROMI		2. DATE AN	124 67	6 30 P		
3. F	PLACE OF DE	ATH IN BALTIMORE, MA				JSUAL RESIDENCE (Whe	re deceased lived. Il insti	tution: residence before admission		
	FULL NAME C	F (II not in hospital address or location	ar institution,	give street	2	nd.	75 10 10	9.4.60.		
	NSTITUTION	SINAL HOSPI	AL OF	BALTIMOR	€ C.	Baltim	tside city limits, write RU	RAL and give township)		
	42					D. STREET ADDRESS (If rurol, give location) 216 Southerly Rd.				
5. S	EX.	6. RACE	7. MARRIED, WIDOWE	NEVER MARRIED D, DIVORCED (specify) R MARRIED		ATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months Days Haurs Min.		
		UPATION (Give kind of worl working life, even if retired)	10B, KIND O	F BUSINESS OR INDUST	RY 11. (MRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
3.	DANIL		11		14. /	MOTHERS MAIDEN NA	ME. (upromi		
Yes	Was Deceased s, no or unknown	Ever in U. S. Armed For Off yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.		OSPITAL	CHART	ADDRESS		
	18. 7 70	OK T	b ===	CAUSE	OF DE	АТН		INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	SE OR CONDITION DIS LEADING TO DEATH	RECTLY	(A) ER	RYTI	HRO BAASTOS	IS FETALIS			
	(This does not mean the made of dying, e.g., DUE TO heart failure, osthenia, etc. It means the disease,							5 C H		
	injury or complication which coused death,) ANTECEDENT CAUSES (B)									
		OR CONDITIONS, if	ony, giving	DUE TO						
		e above couse (A) G CONDITION lost.	stating the	(C)						
ATION	TO THE D	FICANT CONDITIONS C	TED TO TH	G PRFN	N A T	URITY				
RTIFICA	19A. DATE OF	OPERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION		OA. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED LES OF DEATH?		
CE	OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF medical examiner)		PLACE OF INJURY (e.g. ne, form, foctory, street,			(If in Baltimore (City, give exact lacotion)		
0	21 D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	1.11 —	21F. HOW DID INJ	URY OCCUR?			
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l L	23A. SIGNATU	from the couses stat	2 4 3 4	(did) (did not)	view	rne body offer deoth.	2	3B. DATE SIGNED		
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Provident Hospital, Inc.					C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
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7	1514 Divi				D. STREET ADDRESS		1)		
		, Maryland				gs Avenue			
5. SE		ce Negro	7. MARRIED, WIDOWEE	NEVER MARRIED D, DIVORCED (specify)	9-12-67	9. AGE (In years lost birthday)	H Under 1 Yr. If Under 24 H Months: Days Hours Min.		
				BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF		
lone	during most of working	g life, even if retired)			Maryland		USA		
3. F	ATHER'S NAME				14. MOTHER'S MAID		_		
	Eliras Br	ick							
5. W	Vos Deceased Ever	in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
Yes,	no or unknown) (It ye	es, give war ar dat	es of service)	SECURITY NO.		777ia Matham			
					more only i	Llis-Mother	1123 Riggs Avenue		
1	18. 762.	2		CAUSE	OF DEATH	A	INTERVAL BETWEEN ONSET AND DEATH		
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NAME OF DECEASED		96 CERTIFICA		ND HOUR OF DEATH	
ype or Print) OPA	AL D	OTY	11-	6-67 5:45	5PM [
PLACE OF DEATH IN BALTIMORE, MAR			4. USUAL RESIDENCE (Whe	BALTIM	nstitution: residence before admissio
FULL NAME OF (If not in haspital on oddress or location)			C. CITY OR TOWN (IF OUR BALTIMORE)	itside city limits, write	
THE JOHNS HOPKINS	HOSP	ITAL	Box '40 RT	rural, give location)	
FEMALE WHITE	7. MARRIED, WIDOWED MARR	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH 11-7-18	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work) one during most of working life, even it retired) Barmaid—Waitress	Tavern:		West Virginia	aign cauntry)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
3 FATHERS NAME EDWARD BEAVER			14. MOTHERS MAIDEN NA		
5. Was Deceased Ever in U. S. Armed Force (es, no or unknown) (If yes, give wor or dotes NO	es? ; of service)	16. SOCIAL SECURITY NO. 236-09-8817	17. INFORMANT (Siste		ADDRESS
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not meon the made of heart foilure, osthenio, etc. It meons injury or complication which caused	dying, e.g., the diseose,	CAUSE O	I varian Co	aunoma	INTERVAL BETWEEN ONSET AND DEATH
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194. DATE OF OPERATION 198. CONE WAS PERF	0				
3 67 WAS PERFO	21 B.	PLACE OF INJURY (e.g., in e, form, factory, street, of	n or about 21C. WHERE DID	(If in Boltimor	e City, give exact location)
O CONTRIBUTING CAUSE OF	(Hour) 21 E.	PLACE OF INJURY (e.g., in e, form, factory, street, of injury OCCURRED Not White	INJURY OCCUR?		
O 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Manth) (Doy) (Year)  OF INJURY	(Hour) 21 E. Whimeon (Hour) 21 C. Whimeon (Hour) 21	PLACE OF INJURY (e.g., in e.g., form, factory, street, of injury OCCURRED  INJURY OCCURRED  Not Whith At Work the deceased from	21F. HOW DID IN  3/8/67  1/6/19/67—ond to	JURY OCCUR?	11/4 196
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Manth) (Doy) (Year)  21D. TIME (Manth) (Doy) (Year)  22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased ond hour and from the couses state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	(Hour) 21 E. Whimeon (Hour) 21 C. Whimeon (Hour) 21	PLACE OF INJURY (e.g., in e., form, factory, street, of INJURY OCCURRED  INJURY OCCURRED  INJURY OCCURRED  At Work  The deceosed from	21F. HOW DID IN  21F. HOW DID IN  21	JURY OCCUR?  19ta hat in my (our) ap	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Manth) (Doy) (Year)  21D. TIME (Manth) (Doy) (Year)  22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased ond hour and from the couses state 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	(Hour) 21E. White word of the dalive on	PLACE OF INJURY (e.g., in e., form, factory, street, of INJURY OCCURRED  INJURY OCCURRED  INJURY OCCURRED  At Work  The deceosed from	21F. HOW DID IN  23 B. 40 7  24 D. 24	JURY OCCUR?  .19ta hat in my (our) api  Stoff Phys. HO LOCATION (C	11/4 19 6  Inian death occurred on the d  238 DATE SIGNED  11/6/47 -

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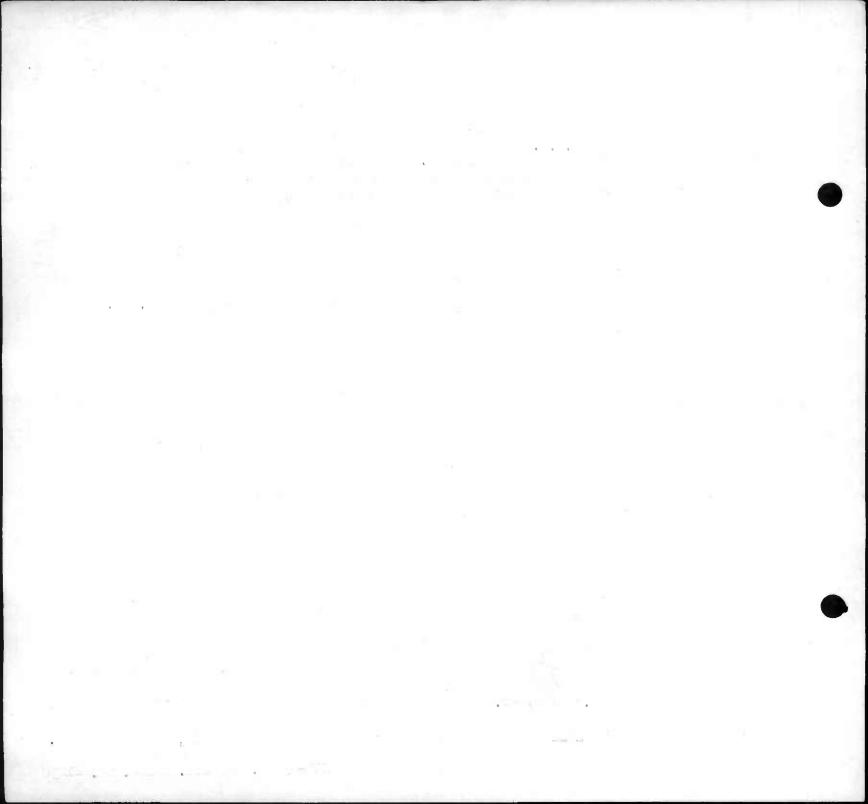
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of death

010		6'	7 106	BALTIMORE CITY	TE OF DEATH	Registered Na.	67	1069	37		
	TH NO. E. CASE NO.			CERTIFICA	TE OF DEATH	Registered Nu.	•				
1.1	AME OF DEC	EASED			2. DATE AN	D HOUR OF DEATH	1				
Пу	pe or Print)	Jack Harkins			Nevember 7, 1967 7:36 A.M.						
3.	PLACE OF DE	ATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY  Maryland 21230 C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
	FULL NAME O	oddress or locatio	nl	•							
110	South B	altimore Gene	ral Hes	pital	Baltimere	, .	,	011-	-()4		
15	(Accides	nt Reem) (D.O.	A )			urol, give location)		21			
10		ght Street, B		6M OF a	218 Cress St	reet (East)	1				
56		6. RACE		NEVER MARRIED		AGE (In years		16 11-4-4	24 14		
17	Male	White		D, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. Months Doys	Hours	Min.		
	e during most of	working life, even if retired)	k 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN O	UNTRY?			
	Truck I				Texas		United	State	3		
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NAM	AE					
	John Ha	••			Melly Garrett						
15. (Ye	Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS			
	No			JECOKIII NO.	Rese Harkins	(Wife)	ad. ab.				
	(This does in heart failure, injury or con	SE OR CONDITION DI LEADING TO DEATH not mean the mode of asthenia, etc. It means nplication which caused ANTECEDENT CAUSES	dying, e.g. s the disease d death.)	(B)	Cell Carcinema	of the Lung		AND DE			
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C)										
ATION	TO THE D	II  IFICANT CONDITIONS ( DEATH BUT NOT REL CONDITION CAUSING	ATED TO TI								
CERTIFIC		23,1967 Care	REDRMED	which operation ung, left.	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS AUSES OF DEATH	IDERED ?			
A P	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	21	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o	n or obout 21C. WHERE DID flice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exoc	t locotion)			
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	w	E. INJURY OCCURRED  hile At Not While At Work  Not Work	21 F. HOW DID INJU	JRY OCCUR?					
	that (X) (we) and haur an	last saw the deceased from the causes sta	ed alive an		67	9 67 ta Sep at in(1858) (aur) ap	inian death acc	urred an	1967 the date		
	and haur an		ited abave.	(I) (We) (did) (did nat)	view the bady after death.		23B. DATE SIGN	NED			

Attending Phys. Med. Director Nevember 7, 1967 23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS South Baltimere General Hespital Jr. 24A. BURIAL CREMATION, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Glen Haves Haven Cemetery Glen Burnie, 11-10-67 Burial Md. 25A. DATE REC'D BY HEALTH DEP 25C. FUNERAL DIRECTOR ADDRESS 1967 McCully-130 E.Fort Ave. Balto. Md. 21230 VS 150-REV. 1/1/65



1		1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death U	snows: (I) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Underformined cause; (3) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approach properly before the properly of the properly
1	t if death or irect or con	(4) Undererry was in re- the deceasion is
FUNERAL DIRECTOR: IMPORTANT	Also, if the d	snows: (I) An accident of any nature; (2) Boay Burns; (3) A tracture of any kina; (4) Undefermined was B.O.A. at a hospital (except where the physician who pronounced death was in regular deceased principles at a new first of a new first of the deceased principles are new first of the deceased principles and the chartened provided by the control of the control of the control of the chartened principles are controlled by the control of th
IRECTOR:	examiner.	in regular
UNERAL D	chief medical	the physicic  Tysician was
FI	roved by the	xcept where ind (6) No physical hearings
	must be app eleased to the	to death); c
	e body was r	as D.O.A. at ceased prior
	투속수	2 × b 3

BALTIMORE CIT BIRTH NO. M.E. CASE NO.  BALTIMORE CIT CERTIFICA	TY HEALTH DEPARTMENT  ATE OF DEATH Registered No.	67 10698
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) LANE HOWARD C. REV.	NOV. 8, 1967	9:10 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY  MD C. CITY OR TOWN (If outside city limits, write R	Balts Co
ST AGNES HOSPITAL	D. STREET ADDRESS (If rural, give location)	33-00
40	1818 PALO CIRCLE 21:	227
MALE WHITE TO MARRIED, NEVER MARRIED MARK IED	B. DATE OF BIRTH  10-6-94  9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
102, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)  MINISTER  Baptist Church	PA	12. CITIZEN OF WHAT COUNTRY?
WALTER M. Lane	ANNABEL Espey	
15, Was Deceased Ever in U. S. Armed Forces?   16, SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	85 % ST AGNES HOSPITAL	
18. 3 9 3 XI CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	EURI FRUIDE	
(This daes not mean the made of dying, e.g., DUE TO heall failule, asthenia, etc. II means the disease,	ENAL FAILURE	
injuly at camplication which caused death.)  ANTECEDENT CAUSES  (8)		
DISEASES OR CONDITIONS, if any, giving		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE HEARTBLO	OCK : ATEROSCLEROSIS.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 208. IF YES, WERE F	INDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Boltimore office bidg., INJURY OCCUR?	City, give exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not Wh	21F. HOW DID INJURY OCCUR?	
Work L AT Wor		9 67
22. I certify that (1) (this haspital) attended the deceased from	67	8 19 67
(1) (10) 1-31 301 110 0000000 01170 011		ion deoth occurred on the do
ond hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter death.	23B. DATE SIGNED
W/M MILLA M.D. A	ttending Med. Stoff Phys.	11-8-67
23C. PHYSICIANS NAME (Type) G. BRAUN	CATON & WILKENS AVE. B	ALTO MD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Cem- 25C FUNERAL DIRECTOR  25C FUNERAL DIRECTOR  COURT + Sen d	ADDRESS 901
V\$ 150-REV. 1/1/65		23 ml.

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212 36 J285 X STRAGHES HOSPITAL DATH & HILKELS

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Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT

67 10699

M.E. CASE NO.  1. NAME OF DECEASED	CERTIFICA	2, DATE AND HOUR OF DEAT	н		
(Type or Print)	200				
BARRETT JAA 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	)	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission A. STATE  B. COUNTY			
FULL NAME OF (If not in haspital or institution)  SINIA! HOSPITAL	ution, give street	C. CITY OR TOWN (If autside city limits, write RURAL and give township)			
162		D. STREET ADDRESS (If rural, give location)	A 44 11 15		
5. SEX   6. RACE   7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years			
MI WIE	OOWED, DIVORCED (specify)	4-28-09   last birthday)   58	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.		
tOA, USUAL OCCUPATION (Give kind of work 10B, Kit		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Laborer	rd Company	Harford Co., Maryland	U.S.A.		
Joseph Barrett					
		Ida Mae Bond			
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na arunknawn) (If yes, give wor or dates of set  NO	16. SOCIAL SECURITY NO. 219-01-1606	Mrs. Etta Barrett 3647 P	ark Hore Ave		
18. 4 3 4 4		OF DEATH	INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH		
heart failure, asthenia, etc. It means the dis injury at complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, as the characteristics of the complete control of the c	(B) <u>ÓZ</u> Z (	POLIC COT PULLONALO	1/110 24-48 liss.		
uise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	OLINE CO. January	Jus.		
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WEF	E FINDINGS CONSIDERED CAUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examines)	21B. PLACE OF INJURY (e.g., home, farm, foctary, street, etc.)	in ar about 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	nare City, give exact lacation)		
21 D. TIME (Manth) (Day) (Year) IHauri OF INJURY (APPROX.)	While At Work At Work	21 F. HOW DID INJURY OCCUR?			
22. I certify that (I) (this hospital) atten	ded the deceased fram	11 - 1 1967 to	11-6 1967		
that (1) (we) last sow the deceased alive	e an 11-6	19 6 7 and that in(my) (aur) c			
and hour ond fram the causes stated about 23A, SIGNATURE	ove. (I) (We) (did) (did not)	view the bady after death.	23B. DATE SIGNED		
Servery	M.D. Att	tending Med. Stoff Phys.	236, 0212 30120		
23C.PHYSICIAN'S NAME (Type)	M.D.	23 D. ADDRESS			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	CAC. NAME OF CEMETERY OF CR Pleasant Rest Cer		(City, tawn, or caunty) (State)		
		,			
25A, DATE REC'D BY HEALTH DEPT. 25B, N.	6 E Jahren M. B	25C. FUNERAL DIRECTOR 1735 Harfo Marshall W. Jones, Jr			

VS 150-REV. 1/1/65

Marshall W. Jones, Jr.

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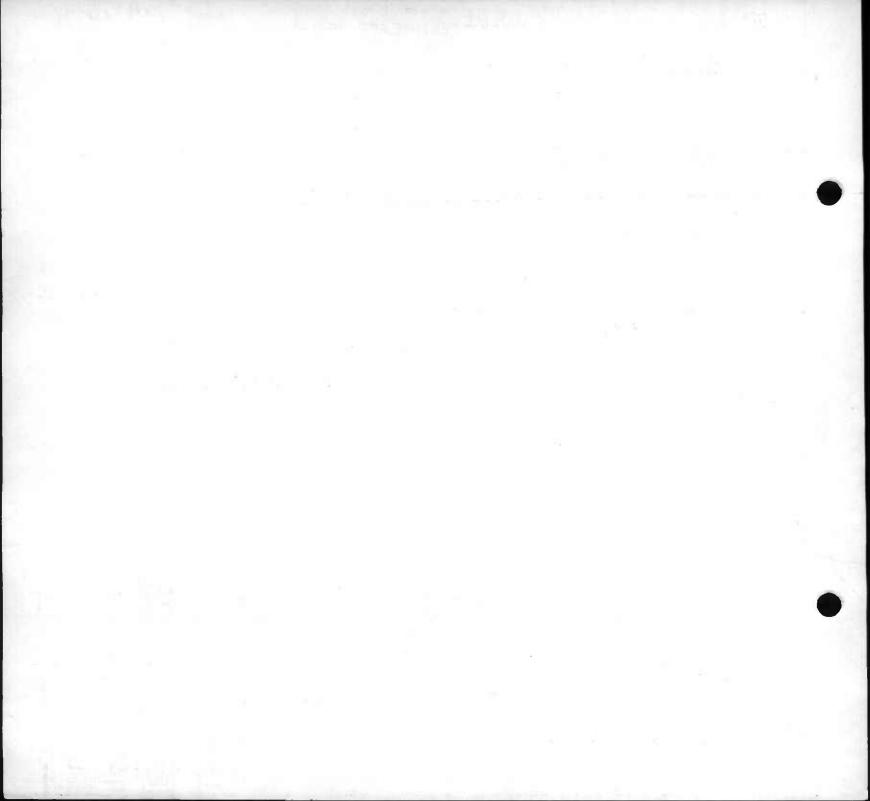
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such written approved must be obtained before the remains are embalmed or final disposition is made.

	67 10700	BALTIMORE CITY	HEALTH DEPARTMENT		CH 40000
	RTH NO.  LE CASE NO.  Paluci	CERTIFICA	TE OF DEATH	Registered Na.	07 111/00
1.	NAME OF DECEASED  Appe or Print Delling PAIV9;		2. DATE AND	HOUR OF DEATH	67 1054
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give st oddress or location) INSTITUTION	treet	C. CITY OR TOWN III PUISI	Baltimore RUR	AL and give township)
	La North Chorles Gar	المعادنات	Essex (2	rol, give location)	md-
	491.12111 (100105)	oshital	1613 Williams		53-00
5.	SEX 6. RACE 7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)		AGE (In years st birthday)	f Under 1 Yr. If Under 24 Hrs. Norths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSII) one during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or toreign		N. A. M. COUNTRY?
13	FATHER'S NAME Home		14. MOTHER'S MAIDEN NAM		ANTONICO CON "
	Anthony Campelli !!	(5)	KOVISE BE	rgouri	
1.5 (Y		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
	NO \$10 2/	1124 63	/ Louise Phillip	s Warfield	531 Woodbine Ave#
	18. 420,14260X	/CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	A.S. H. D -	,	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO		_	
	injury or complication which caused death.)  ANTECEDENT CAUSES	(B)	Ermand on	sure -	
	DISEASES OR CONDITIONS, if any, giving	DUE TO	nyoundid	us being t	) <b>***</b> ********************************
	rise to the obove couse (A) stoting the UNDERLYING CONDITION tost.	(C)	111 / 0.001.0004	(a) (c)	
	ll ll				
0.6	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Diese	ites munit	37-	
4 010	DISEASE OR CONDITION CAUSING IT.  198. CONDITION FOR WHICH WAS PERFORMED		20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
01010000	WAS PERFORMED		no		
100	OR CONTRIBUTING CAUSE OF home, for etc.)	m, foctory, street, of	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore Ci	ity, give exact location)
0	MALTI. AL	JRY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
1	(APPROX.) While At	Not Whill At Work		-	7
	22. I certify that (I) (this haspital) attended the de	v.N. 7		67 ta 11	1967
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			in(my) (aur) apinia	in death accurred an the date
	and haur and from the causes stated abave. (1) (We 23A. SIGNATURE	) (did) (did ndf) v	view the bady after death.	23	B. DATE SIGNED
	hun ~	M.D. Atte	ending Med. S Pirector P	toff hys.	NN.7-67.
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	10,	1
2	Carlas E. aranag	M.D.	J / 9 8 XX	relair o	Lane -
2	A A A	of CEMETERY of CRI			town, or county) (State)
2:	Burial 11/11/67 St. Mar	y's Cemete	25C. JUNERAL DIRECTOR	C. Pa.	. ADDRESS
	MUN 3 1961 Of Cent &	, Laber 4.8	flim /	neral Home 1	407 Eastern Ave.
V	\$ 150-REV. 1/1/65		0		

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	ate	SD	E,
	This certificate must be approved by the chief medical examiner or his assistant if death	3	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Under
	F	P	5
	0	Po	NS:
	his	e	10
	F	+	S

5-2-1	BIRTH NO. 67 10701 BALTIMORE CITY	HEALTH DEPARTMENT 67 10701
	BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
and ased the the	M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
0 0 0 V	Jacon (Jack) Schweiter	11/7/1967 7:20 pm.
hospital ise of a (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hosi ise (5) and dec	FULL NAME OF (If not in hospital or institution, give street	MARYLAND
	HOSPITAL OR oddress or location) JNSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give longship)
	49	MALTIMORE 21-LO
ting d cau d cau	NORTH Charles Gon. Hospital	0. STREET ADDRESS (If rurol, give locotion) 2533 STEECE Kd 21209
ar	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	
contribut fermine regular ceased p	M. W. WIDOWED, DIVORGED (specify)	5/5/1891 lost birthdoy Month's Doys Hours Min.
th collete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	WHAT COUNTRY?
or nde de de	PLUMBER	Poland U.S.
de Original	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
direct or c; (4) Under the was in the decoration	145.5	
d: 4 di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
the the kind lead	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	PORTER KOLDENATE N. CLARLES HOSPI
d d d	NO 218-32-1827	NAISCACT TOURS TOUR
S E e P o	18. 33/XI	REBERT ROLLENOFF, N. CLARLES HOSYS  F DEATH  REBRAL-VASCICAR ACCIDENT  RESSLAN PRIBLISCUE ROSIS
Also, e of a counce atten med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	REBRAL-VASCICAR Accident
F E	(This does not mean the made of dying, e.g.,  (A)  DUE TO	
er.	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	and Marchisene Coris
in a series	ANTECEDENT CAUSES (B)	KONSKAL VIKIONKOS WEKO 875
AAA	DISEASES OR CONDITIONS, if any, giving	
(3) (3) s all	rise la lhe abave cause (A) stating the (C)	
00 =	UNDERLYING CONDITION Iasi.	
nedical edical burns; hysicien n was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
med phy an an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
d dy dy		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
chi Bo Bo th th y si	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
the (2) ere o ph efor	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n or obout 21C. WHERE DID (If in Boltimore City, give exact location)
tal tal	DEATH (notify medical examiner)	mee stags, invoki s seek.
Q = × = D	D 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hos naturatu (6)	OF INJURY (APPROX.)  While At Work  At Work	e
prove the h ny nc excel and	22. I certify that (I) (this haspital) attended the deceased from	
	1//2	
한 그 등 등 등 학	that (I) (we) last sow the deceased alive on	
ased ased dent deat must	ond hour and from the couses stated above. (I) (We (did) (did not) v	
must be eleased caident in hospitt to deat all must		ending Med. Stoff Phys. Director Phys. 7 /96.7
a t d d ci		1,00
was r An a L at c prior	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
y was r y was r 1) An a 3.A. at d prior	ON MASER M.D.	2724 Smith ave
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)
cert body ws: ( D.O ease	Burial 11/9/67 angle Emurch TI	I cham Bath md
2 2 2 0 =	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR , ADDRESS
This the sho was dead	1961 Of Cub E. Farleyman	Sylvan LEWIS & SON GARRISON Md
and the same of th	VS 150-REV. 1/1/65	



the body was released to the hospital by a medical examiner. Also, if shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

roved by the chief medical examiner

certificate must be

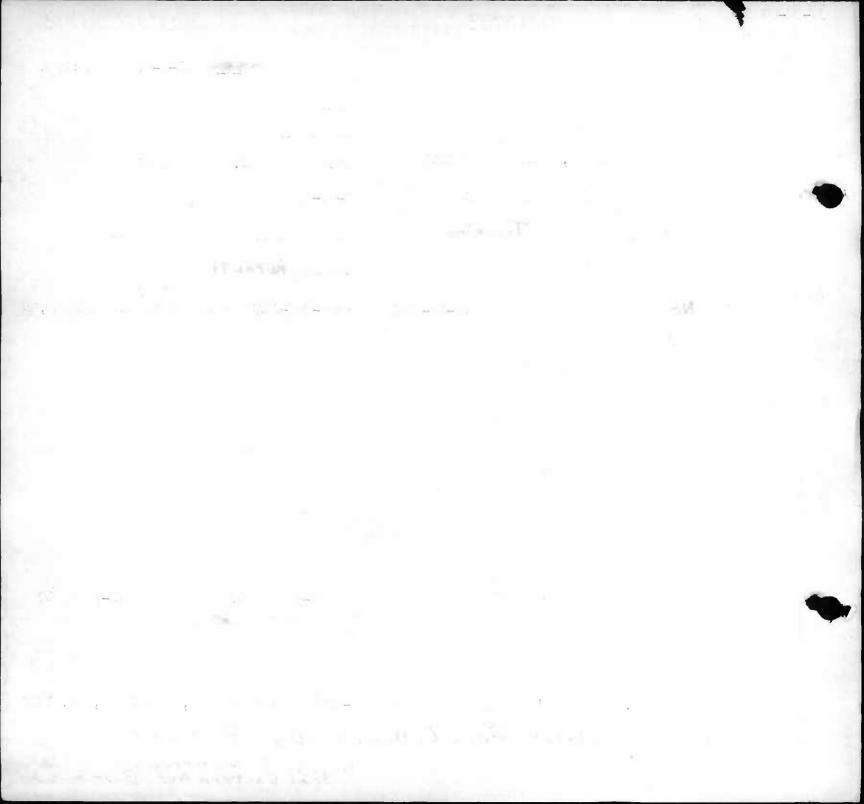
(Type or Print)	CEASED	10702 CERTIFICA	2. DATE AND HOU	JR OF DEATH
trype or thin	GUS TREANTAFE	ELLOW	21.44	11-6-67   4:45
3. PLACE OF D	EATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Where deceded A. STATE 8. COUNTY	ased lived, If institution; residence before adm
FULL NAME	OF Alf not in bosoital	or institution, give street	MARYLAND	
HOSPITAL O	R oddress or location	)		ly limits, write RURAL and give township
	DALLIMONE CI		BALTINORE	26-0
31	4940 EASTERN			ve location)
	BALTIMORE, MA		1305 BONSAL ST.	#21224
S. SEX	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) DIVORCED	lost birt	(In years If Under 1 Yr. If Under 2 Months; Days Hours If
		108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign cour	12. CITIZEN OF WHAT COUNTRY?
The second second	of working life, even if retired)  DRIVER	Trucking	PENNSYLVAN IA	USA
3. FATHER'S N		0	14. MOTHER'S MAIDEN NAME	U.S.
	NITCHOLAG		STRILA KEFALT	TI
5. Was Decens	NICHOLAS ed Ever in U. S. Armed Form	cos? 1 6. SOCIAL	17. INFORMANT	2238000
Yes, no or unkno	wn) (If yes, give wor or dote	s of service) SECURITY NO.		21224
No		209-16-8183		STERN AVENUE, BALT IMORE
	20./1		OF DEATH	INTERVAL BETWEE ONSET AND DEAT
'DISE	ASE OR CONDITION DIR LEADING TO DEATH	ECTLY	ente myscodi l'endante	on with gominates
(This does	not meon the mode of	dying, e.g., DUE TO /	ute myocardial infarctu- actuble ventricular fib	10 minutes
heart failu	e, asthenia, etc. It means amplication which coused	the disease, (A.t.)	acmou ventricular fib	
	ANTECEDENT CAUSES	(8)	Inter, osclerohe Rardio V	(ao Culve
DISEASES	ANTECEDENT CAUSES	DUE TO JU	Interiosclestie Rardio v	ocardial .
rise ta	OR CONDITIONS, if the obave couse (A)	ony, giving	treer, o scleole Gardes v mace with previous my infaction	vaculor .
rise ta	OR CONDITIONS, if	ony, giving		ocardial .
rise to UNDERLYI	OR CONDITIONS, if of the obave couse (A) NG CONDITION lost.	stoting the (C)		ocardial .
rise to UNDERLYI	OR CONDITIONS, if a like obave couse (A) NG CONDITION lost.  II CONDITIONS CO	ony, giving stoting the (C)		ocardial.
NOTHER SIGN TO THE DISEASE OF	OR CONDITIONS, if the obave couse (A) NG CONDITION lost.  II CHIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I	ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No)] 20 B.	IF YES, WERE FINDINGS CONSIDERED
OTHER SIGN TO THE DISEASE OF	OR CONDITIONS, if a like obave couse (A) NG CONDITION lost.  II  SINIFICANT CONDITIONS CODEATH BUT NOT RELADER CONDITION CAUSING I	ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No)] 20 B.	
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OTHER SIGNOTO THE DISEASE OF IPA. DATE  21A. ACCII OR CONTR DEATH (no  21D. TIME OF INJURY (APPROX.)	OR CONDITIONS, if the obave couse (A) NG CONDITION lost.  II SINIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERF DENT WAS UNDERLYING IBUTING CAUSE OF lify medicol exominer)  (Month) (Doy) (Yeer)	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED    218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  While At Not Wh	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED LERTIFYING CAUSES OF DEATH?  (If in Baltimore City, give exact location)  CCUR?
OTHER SIGN TO THE DISEASE (CONTROLL)  21 A. ACCII OR CONTROLL  21 D. TIME OF INJURY (APPROX.)  22. I certi	OR CONDITIONS, if the obave couse (A) NG CONDITION lost.  II SINIFICANT CONDITIONS CONDITIONS CONDITION CAUSING I OF OPERATION 198. CON WAS PERFORM WAS PERFORM TO CAUSE OF hity medicol exominer)  (Month) (Doy) (Year)	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Wh Work Not Work  ) attended the deceased fram	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Bultimore City, give exact location)  CCUR?
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OTHER SIGN TO THE DISEASE (C) 19A. DATE  21A. ACCII OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)  22. I certithat (I) (w.)	OR CONDITIONS, if the obave couse (A) NG CONDITION lost.  INIFICANT CONDITIONS C DEATH BUT NOT RELAR CONDITION CAUSING I OF OPERATION PROPERTY OF OPERATION (Month) (Doy) (Year)  The condition course of the couse state and from the couses state of the couse of the c	ONTRIBUTING ONTRIB	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  1967 and that in (1) wiew the bady after death.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Baltimore City, give exact location)  CCUR?  ta 196  (aur) apinian death accurred an the 238, DATE SIGNED
OTHER SIGN TO THE DISEASE (C) 19A. DATE DISEASE (C) 19A. DATE DISEASE (C) 19A. DATE DEATH (no 21D. TIME OF INJURY (APPROX.)  22. I certithat (I) (w and haur (c) 1) (	OR CONDITIONS, if the obave couse (A) NG CONDITION lost.  INIFICANT CONDITIONS C DEATH BUT NOT RELAR CONDITION CAUSING I OF OPERATION PROPERTY OF OPERATION (Month) (Doy) (Year)  The condition course of the couse state and from the couses state of the couse of the c	ONTRIBUTING ONTRIB	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  11-6 1967  19 67 and that in (see the body after death.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Boltimore City, give exact location)  CCUR?  ta 196  (aur) apinian death accurred an the
OTHER SIGN TO THE DISEASE (C) 19A. DATE  21A. ACCII OR CONTR DEATH (no 21D. TIME OF INJURY (APPROX.)  22. I certithat (I) (w and haur (c) 10 C) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	OR CONDITIONS, if the obave couse (A) NG CONDITION lost.  III CONDITION LOST CONDITIONS CONDITION CAUSING TO OF OPERATION LOST CONDITION CAUSING TO OF OPERATION LOST CONDITIONS	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Wh Work At Work  ) attended the deceased fram ded alive an 6 March 10	20A. AUTOPSY? (Yes or Na) 20B. IN C in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OF 1967.  1967. and that in (1979) and the	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?  (If in Baltimore City, give exact location)  CCUR?  ta 11-6 196  (aur) apinian death accurred an the location of
OTHER SIGNATE  OTHER	OR CONDITIONS, if the obave couse (A) NG CONDITION lost.  III CONDITION LOST CONDITIONS CONDITION CAUSING TO OF OPERATION LOST CONDITION CAUSING TO OF OPERATION LOST CONDITIONS	ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED White At Not Wh Work At Work  ) attended the deceased fram	20A. AUTOPSY? (Yes or Na) 20B. IN C in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OF 1967.  1967. and that in (1979) and the	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Baltimore City, give exact location)  CCUR?  ta 196  (aur) apinian death accurred an the 238, DATE SIGNED
OTHER SIGNATE  OTHER	OR CONDITIONS, if the obave couse (A) NG CONDITION lost.  III CONDITION LOST CONDITIONS CONDITION CAUSING TO OF OPERATION LOST CONDITION CAUSING TO OF OPERATION LOST CONDITIONS	ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION FORMED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Wh Work At Work  ) attended the deceased fram ded alive an 6 March 10	20A. AUTOPSY? (Yes or No) 20B. IN C in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 67 and that in (sometime of the state of the sta	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?  (If in Bultimore City, give exact location)  CCUR?  ta 11-6 196  (aur) apinian death accurred an the course of the course

x Cemetery Baltimore, Md.

25C. FUNERAL DIRECTOR ADDRESS

Nicholas T. Matthews

3021 Fastern Ave, Baltimore, Md. Md reek UrThodox Cemetery 25A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR VS 150-REV, 1/1/65



P- 620 BIRTH NO.

## 67 10703 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10703

M.E. C	ASE NO.										
1. NAN	ME OF DEC	EASED					2. DATE AN	HOUR PRONOUNCE	ED DEAD		
(Type o		AMUEL	Ε.		POWERS	November 3, 1967 7:39 P M.				P	
3. PLAC				HERE PRONOL	INCED DEAD			deceosed lived. If insti	tution: resid		odmission)
HOSPIT	AL OR	(IF NOT I	N HOSPITA	L OR INSTITU	JTION, GIVE STREET			e corporote limits, write	RURAL on	d give towns	hip)
INSTITU	JTION					Ва	1timore			25-	-47
St	. Agne	s Hospi	tal		(DOA)	D. STREET ADI	DRESS (If rurol,	give locotion)	-		40-
7					(=/			n Lorena Ave	2.		
5. SEX		6. RACE			NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under	1 Yr. If Unde	
Ma		White		Sin		4/30/2		last birthdoyl	Months	Doys   Hours	Min.
		PATION (Give vorking life, ever		TOB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZE	N OF	
Con	struct	ion Wor		Cons	truction		and, Vi			Country?	
13. FATI	HER'S NAM					14. MOTHER'S					
	DECEASE	ank Pow	S. ARMED		16. SOCIAL Yes	17. INFORMANT		Brooks	ADDRESS		
	_	(If yes, give			SECURITY NO. 105	Thomas	Therese a 2	Cabanan III.			
	es	MOLTO	War	11		Frank	rowers 1	Lebanon, Vir	ginia		
1B.		E OR COND LEADING T	O DEATH		(A) Gun	of DEATH	nd of ab	domen		INTERVAL BI	
	heart failure,	ot meon the osthenio, etc. aplication which	It means	the disease,	DUE TO						
	DISEASES (	NTECEDENT OR CONDITION	ONS, IF A	NY, GIVING	(B) DUE TO		•••••	····			••••••
		E ABOVE CAT		ATING THE					139		
S_					(C)		•••••				
[유] 1	TO THE	II  A)FICANT COI  DEATH BUT  CONDITION	NOT REL	CONTRIBUTION	NG HE						
19A				DITION FOR	WHICH OPERATION	20A. AUTOPS Yes		20B. IF YES, WERE FIN IN CERTIFYING CAUS Yes			
₹ 21 A	. EXTERNAL	CAUSE WA	S	21 B.	PLACE OF INJURY (e.g., i	n ar about 21C.	WHERE DID		ve exact lac	cation)	
		OR CONTRIB		home etc.)	, farm, foctory, street, a	ffice bldg., INJUI	RY OCCUR?				
Σ 21.0	TIME	(Month) (D	oy) (Yeor	Hour) 2	office		TOW DID INTO	Annapolis l	Koau		
OF	PROX.)	11-3-67					Shot sel				
22.		ify that I he				Tel.		s basis, death in m	v onlaign		
		red from: No			ccident Suicide	(N/N/)		Indetermined monne			
	16301	10111. 14		L Y	Secident		MEDICAL EX		2r		
	ACTUAL	· (le	m/2	J	1-1-1	ASSISTANT A				DATE SIG	GNED
	EXAMIN NAME (1	ER'S Cha	rles	S. Spri	ngate, M.D.	ASSOCIATE				11-4-67	
	URIAL CREA	MATION, 238	B. DATE		C. NAME of CEMETERY of	CREMATORY	23 D. Le	OCATION (City,	tawn, or co	ounty)	(State)
_	AL (Specify Cemova)		11/5/	67			L	ebanon, Virg	ginia		
24A. D	ATE REC'D	BY HEALTH C	DEPT.		OF REGISTRAR	24C. FUNE	RAL DIRECTOR			DDRESS	Been Ro
	M	UV 9	1967 (	Role B	E. Farkena	Jana	vm y	. Dds 4.78	1 Bon	ne /	Bucke
VE 151	PEV 1/1/			10 40 40		- Jarrice	111. 12	1	saxu	more.	11 600

Section (Sec. 1991) Latery, Marines

67 10704 BALTIMORE CITY HEALTH DEPARTMENT

AEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10704

BIRTH NO.	MED	ICAL EX	KAMINER'S CI	ERTIFICA	TE OF	DEATH Registe	red Na.
M.E. CASE NO.							
1. NAME OF DE	CEASED AFR		MULLINS			ID HOUR PRONOUNC	
						per 5, 1967	4:10 P.
	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE Maryla	DENCE (Where and	deceosed lived. If inst B. COU	itution: residence before odmi INTY
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO	WN (If outside	de corporate limits, write	RURAL and give township)
NSTITUTION	Table 1			Balt:	imore		19-0
) Frankl	lin Square Hos	pital		D. STREET ADD		give locotion) oard Street	
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under 1 Yr, If Under 2
Male	White	WIDO WED,	DIVORCED (specify)	W 00	3000	lost birthday)	Months Doys Hours
			rced F BUSINESS OR INDUSTRY	May 23,	1923	on country)	12. CITIZEN OF
	working life, even if retired)		yruction			g., ••••	WHAT COUNTRY?
3. FATHER'S NA		OOM	Araction	Virgir		LÉ .	U. S. A.
John M	ullins						
5. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	Stillwe	11	ADDRESS
	n) (If yes, give wor or dote	s of service)	SECURITY NO.	Clintwoo	d_ Coll	er Ru Cla	
N•		1637			A- COTT	of r.n. (1)	intwood, Va.
3 8	1,01		CAUSE	OF DEATH			ONSET AND DE
TO THE DISEASE OF THE	II  CONTINUE OF THE PROPERTY O	ATED TO TO				208. IF YES, WERE FIL	
0 2		TORMED		Yes	S	IN CERTIFYING CAUS	ses of DEATH? Yes
UNDERLYING	OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., iom, foctory, street, o	n or obout 21C. ffice bldg., fNJUR	WHERE DID	(ff in Boltimore City, gi	ve exact location)
21D TIME OF INJURY	(Month) (Doy) (Year	) (Hour) 2	TIE. INJURY OCCURRED	21F. H	IOM DID INT	URY OCCUR?	
(APPROX.)		m. \	WHILE AT NOT NOT W	WHILE			
22.	Att. Alex III III			**	Later		
	rtify that I held an I					is basis, death in m	
resu	Ited from: Natural car	ses	Accident Suicide			Undetermined manne	er 🔲
ACTUA	L Megne 1					XAMINER	DATE SIGNI
SIGNAT	TURE	1-7/		ASSISTANT A			11/5/67
NAME	(Type)	Spitz	z, M.D.	ASSOCIATE	MEDICAL E	XAMINER	11/3/01
23A, BURIAL CR	fy)		C. NAME of CEMETERY o	CREMATORY	23D. 1	OCATION (City,	town, or county) (Stot
Buria			Columbus Phir			Clintwood, V	
44A. DATE REC'E	BY HEALTH DEPT.		OF REGISTRAR	24C FUNE	RAL DIRECTOR	-10	ADDRESS
Ve 1ct Petr 1	NOV 9 1967	Robert	8 E. Farbura	W	Juse	by Teser	al Home
VS 151-REV. 1/1	/65				7		

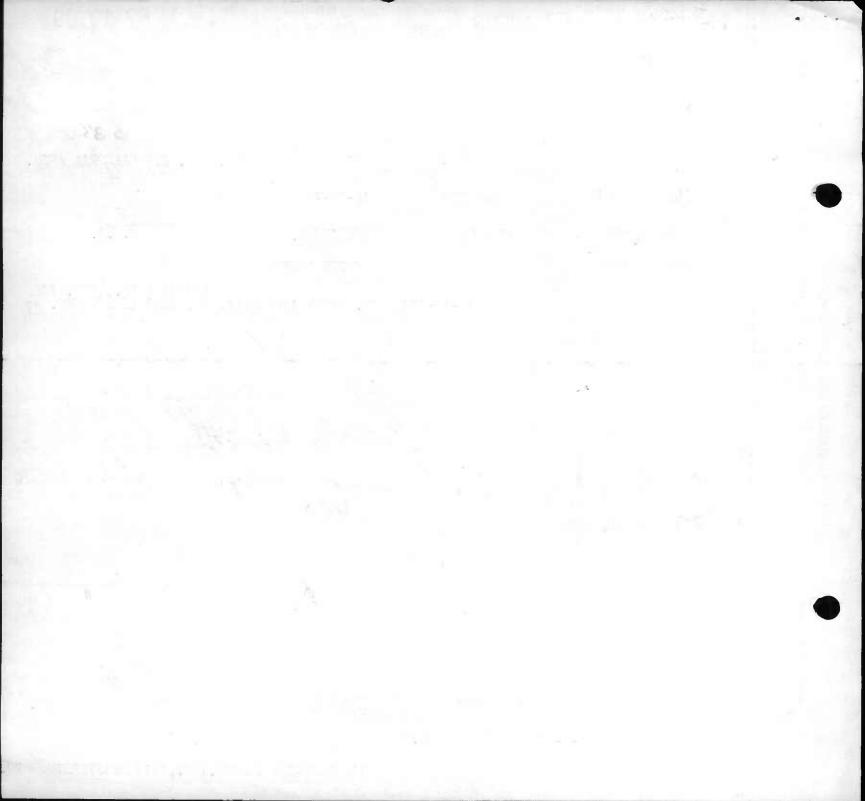
Coll (25)

A collision of the collision

	CT 10705 BALTIMORE CITY HEALTH DEPARTMENT	-0-
	BIRTH NO. 67 10705 CERTIFICATE OF DEATH Registered No. 67 107	<del>'U5</del> —
	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  (Type or Print)	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before B. COUNTY)	M. odmission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION (If outside city limits, write RURAL and give to writing the control of	207
1	Aflaion Removial Hosp. D. STREET ADDRESS (If typ), give locotion	
made	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Doys Hours	der 24 Hrs.
si noi	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRYHPLACE State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	
posit	done during most of working life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  15. MAIDEN NAME	1/ vores
O	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL 17. INFORMANT   ADDRESS	· v/cog
rfinal		1 MC
o p	ONSET AND I	
balmed	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, ostherio, etc., it means the disease,	\$44.04\$\$\$\$\$\$\$\$\$\$
mpo	<b>E</b>	
0	DUE TO	A A A A A A A A A A A A A A A A A A A
Is are		
remains		
the	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact locotic of the place of the pl	n)
ained		
obto	22. I certify that (1) (this hospital) attended the deceased from	196.
pe	that (1) (we) lost sow the deceosed olive on 19 6 ond that in my (our) opinion death occurred a	on the dote
must	ond hour ond from the couses stoted obove. ((1)/(We) (did) (did not) view the body ofter deoth.  23A. MGNAYOR:  23B. DATE SIGNED	
		/_
approval	23C. PHYSICIAN'S NAME (Type) B.J. WECKESER M.D. 23D. ADDRESS M.D. 17 MOVIE 1/1/10	
		(Stole)
written	BURIAL ISPECTIVE 11967 MEADOW RUBGE ELIS BIDGE MD.	
*	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR July ADDRESS.	Ave
	VS 150-REV 1/1/65	-

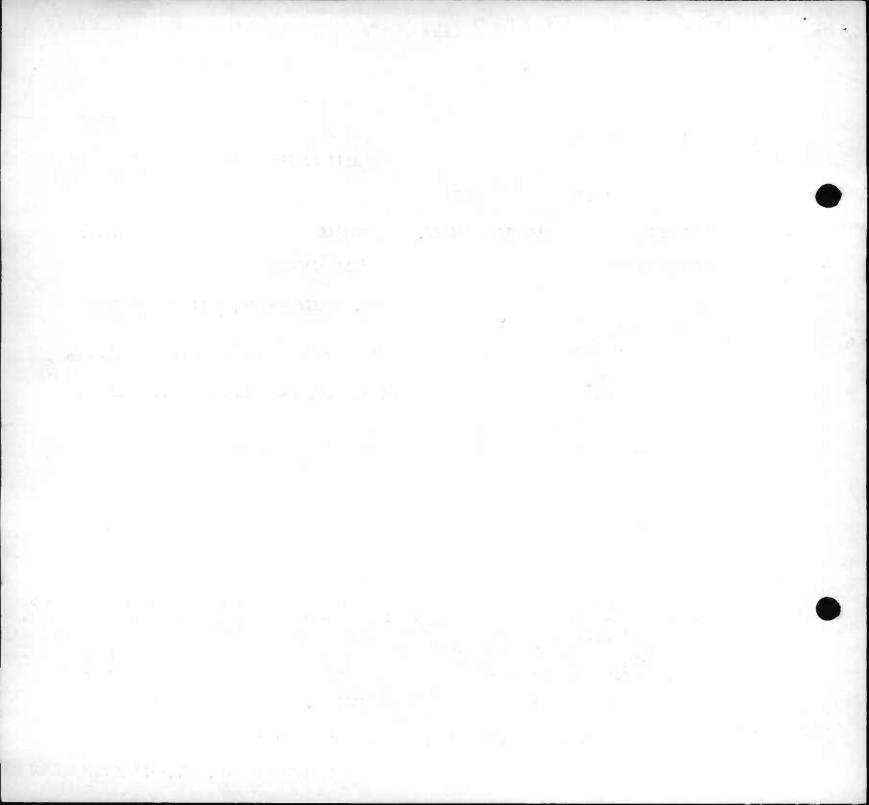
Union Hemorial Hosp Bultimore 403 W 40TH ST -56 26/30/80 Maryland Samuel Rigler Mary Elizabethussian Mys. R.F. Tallagson Some Acute ingoradish inforting W.K. who

5-41	C CM	Anno	BALTIMORE CITY	HEALTH DEPAR	TMENT	Nie.	67 10700
BIRTH NO.	2 01	1070	CERTIFICA	TE OF DE	ATH	Registered Na	07 10706
M.E. CASE NO.	EACED		CERTITION			ND HOUR OF DEATH	
Type or Print)	LEASED ~			4	2, DATE AL	HOUR OF DEATH	
L PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	VAN	A USUAL RESID	FNCE (Whe	le deceased lived. If	institution: residence before admission
. TENGE OF BE	· ·	MI BANIE		A. STATE	B. COU	NTY	institution: residence before admission)
FULL NAME O	OF (If not in hospital oddress or location	or institution,	give street	MARYLAN			Balla, Co
INSTITUTION	/	tosPIT	A) EXX	C. CITY OR TOW		itside city limits, write	RURAL ond give township)
1	SINA! 1	10/0/11	AC OI	BALTIMO			53-00
4-	BAG	-T/MC	200	D. STREET ADDR		rurol, give location)	
				6800 LI		ROAD, APT.	
SEX	6. RACE		NEVER MARRIED  D. DIVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMALE	WHITE		ARRIED	10-25-18	98	69	
		10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (	State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired)	17 (	LAUE	PAITTHAD	T MAT	מוא ואום	
3. FATHER'S NA	SEWIFE -	ALI	HOME	BALTIMORI			u.s.A.
	4						
	N BERMAN			KATIE E			
5. Was Deceased les, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		BAIMOR	AL APTS ADDRESS 706
NO			216-18-4545	MR. HARRY	LION	SULLIVAN.	AL APTS. APT. 206 6800 LIBERTY RD. #7
18. 2/ O	0.11		CAUSE O	F DEATH			INTERVAL BETWEEN
	SE OR CONDITION DIF	ECTI V			1.	101	ONSET AND DEATH
Distr	LEADING TO DEATH	CLCIEI	//	1 insers	HIAI	1 ( ). Do	3 do
	not mean the made of		DUE TO	fy CN- C	V LILL	and fill the	Land all francisco de la constante de Santonio
	osthenio, etc. It meons mplicotion which caused			2011	1		
	ANTECEDENT CAUSES		(B)	17/	///	c Corone	meny wares
			DUE TO			2 11	/ //
	OR CONDITIONS, if it is above cause (A)		(0) 0	100.0	/	Oraclet.	
	G CONDITION last.		1	Illy	· In	and the	
1	ii e					a sign	
OTHER SIGN TO THE D DISEASE OR	IFICANT CONDITIONS COEATH BUT NOT RELA	ONTRIBUTIN	GTAT	- 0		0	at to all
DISEASE OR	CONDITION CAUSING	T.		Mem	word	hage	ax dere of deal
19A. DATE O	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY	? (Yes or N		E FINDINGS CONSIDERED
19A. DATE OF				460	)		AUSTO DEATH.
U 21 A. ACCIDE	NT WAS UNDERLYING UTING CAUSE OF	21 B	PLACE OF INJURY (e.g., i	n or obout 21C. WH	IERE DID	(If in Boltimo	ore City, give exoct locotion)
DEATH (notify	y medical examiner)	etc.					
21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21E	INJURY OCCURRED	21 F. HO	W DID IN	JURY OCCUR?	
S OF INJURY			ile At Not Whil				
(APPROX)		Wo			6		
22. I certify	that (1) (this haspital	) attended t	he deceased fram	17/3	5	19 67 ta 11	1962
that (I) (we	) last saw the decease	d alive an	11/6	19.6	2 and th	hat it (my) (our) a	pinian death accurred an the da
			l) (We) (did) ( <del>did not) \</del>	tion the hade of			
23A. SIGNATI		TO UDUVE. (	i) (we) (did) şara noi) (	riew the bady att	ter death.		23B. DATE SIGNED
	1 6	7	M.D. Att	ending Me	ed.	Stoff -	235. 541. 3.01.
	Chara	Lee	Phy	s. Dir	rector	Phys.	1///
PHYSICIA NAME (		1/		23D. ADDRESS		//	12
	RICHARD	MAT	ON M.D.	SINIA	21	1-103P	TAL OF RAIT.
4A. BURIAL CRE	EMATION, 24B. DATE	24C. N.	AME of CEMETERY of CR	EMATORY	24D. I	LOCATION	City, town, or county) (Stote)
		7 00	TACH TIVILLI		D	LITTHOPE H	ADVIAND
BURIAL	11-8-6 D BY HEALTH DEPT.		TACH TIKVAH	25C. FUNERAL		ALTIMORE, M	
DAL DATE REC'L	110110	ZOD. NAME	A 19/4 M				ADDRESS
	NUV 9 1967	1066	B. E. Stalley M. B.	SOL LEVI	NSON !	BRUS. INC.	,6010 REISTERSTOWN
/S 150-REV. 1/1/	/65	1-9	6 7 1 1	-61-7		1.	

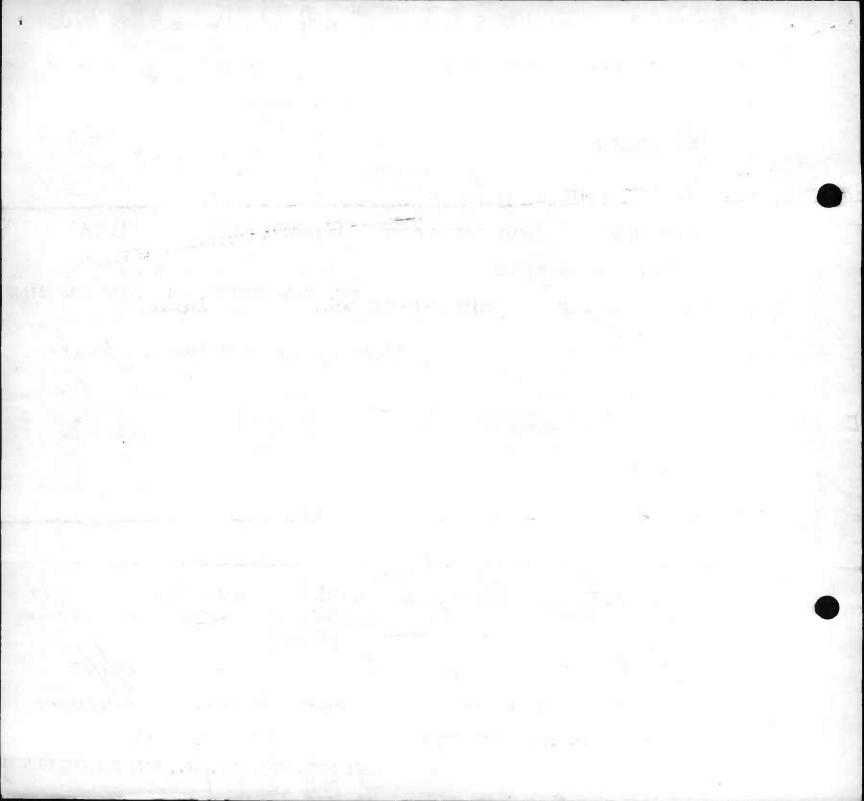


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	AME OF DECEASED		10707 CERTIFIC	2. DATE	BER 5, 1967	1 5 A
3. P	LACE OF DEATH IN BAL				nere deceased lived. If	institution: residence before odmi
	ULL NAME OF (If no		institution, give street	MARYLAND		
	OSPITAL OR oddre	ess or location)		C. CITY OR TOWN (If	outside city limits, write	RURAL and sire township)
6211 PIMLICO ROAD			BALTIMORE D. STREET ADDRESS	If rural, give location)	61-1	
	00			6211 PIMLICO		
5. S		ITE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours M
10A.	USUAL OCCUPATION (G	ve kind of work 1	OB. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	MPLOYEE		MERICAN OIL CO.	RUSSIA		U.S.A.
	FATHER'S NAME	, 1		14. MOTHER'S MAIDEN N	AME	3,001.10
M	ORRIS SHEMER			JULIE JACOBS		
15. V	Was Deceased Ever in U., no or unknown) (If yes, giv	S. Armed Force		17. INFORMANT		ADDRESS
N	,	c wor or doles	of service) SECURITY NO.	MRS. BESSIE SHE	MER. 6211 P	IMLICO ROAD
	1B. 420,1			OF DEATH	,	INTERVAL BETWEEN
	DISEASE OR COM	DITION DIRE	CTLY	Myocardeal & Interrectable	la. P.	J-
	(This does not mean I	TO DEATH	dying, e.g., OUE TO	My ocardens &	Malton	10mm
	heort failure, asthenia, e injury ar camplication w	Ic. II means 1	he disease, deoth.)		11 0	
		NT CAUSES	(B)	Totens sclassone	(Keart), W	ease Cyus
	DISEASES OR CONDI		ny, giving			
	rise la lhe above UNDERLYING CONDITI		stating the (C)	~~~~~~~~		
		1				
ATION	OTHER SIGNIFICANT CO	NOT RELAT	ED TO THE			
ICA	DISEASE OR CONDITION	19B. COND	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	0	WAS PERFO	DRMED		IN CERTIFYING C.	AUSES OF DEATH?
,	OR CONTRIBUTING CA	DERLYING USE OF	218. PLACE OF INJURY (e.g. home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
CA	DEATH (notify medical ex	ominer)	etc.)			
MED	OF INJURY	Doy) (Yeor)		21F. HOW DID II	NIURY OCCUR?	
	(APPROA)		Work At We	rk LJ		1
			ottended the deceased fram			/
	that (1) (we) lost sow			,		pinion death occurred on the
	ond hour ond from the	couses store	d above. (I) (We) (did) (did not	) view the body after death	1.	DATE CHONES
	ZON. SIGNALURE	71	2111 M.D.	Attending Med.	Stoff	23B. DATE SIGNED
	23C. PHYSICIAN'S	VIC	user -	hys. Director	Phys.	11/6/6)
	NAME (Type)	ON KASSE	м.	2544 05 2444	STREET	
24A	BURIAL CREMATION, 2	4B. DATE	24C. NAME of CEMETERY of			City, town, or county) (St
	REMOVAL (Specify)	11-6-67	BETH HAMEDROSH		LTIMORE, MAI	
25 A	. DATE REC'D BY HEALTH		SB. NAME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	NOA 8	196/	West E. talley M.E.	\$OL LEVINSON	& BROS. INC.	,6010 REISTERSTO
	150-REV. 1/1/65	196/	bleets E. tarbums	\$OL LEVINSON	& BROS.INC.	,6010 REISTER



S-632 67 1076	BALTIMORE CITY	HEALTH DEPARTMENT	1	67 10000
	JO CERTIFICA	TE OF DEATH	Registered Na	70108
M.E. CASE NONAME OF DECEASED			D HOUR OF DEATH	
Tuno or Printl 3 4	JARTZ	11/	16/67	16:50 A N
PLACE OF DEATH IN BALTIMORE, MARYLAND	AILIC		e deceosed lived. If in:	stitution: residence before odmission
	1	A. STATE B. COUNT		n. Ot 10
FULL NAME OF (If not in hospital or institution oddress or location)	n, give street	C. CITY OR TOWN (If outs		1) Alles 4,
INSTITUTION		BALTIMORI		URAL DRU GIVE IDWINSTINGS
SINAI HOSPITAL			urol, give location)	05-00
40			, _ ^	#7
SEX 6. RACE 7. MARRIE	ED, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MALE WHITE WIDOW	WED, DIVORCED (specify)  ARRIED	9/11/08	ost birthdoyl	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108. KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12, CITIZEN OF WHAT COUNTRY?
COURT CLERK STATE	TRAFFIC COURT	RXXXXXXXXXX R	RUMANIA	ILSA
3. FATHER'S NAME	TIVALLE CO.	14. MOTHER'S MAIDEN NAM	2 2 2 2 2 2 2	V
MAY SHULLARTE	-	HELEN 6	GULDEN B	2-100
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dotes of service	e) SECURITY NO.	MRS. SARAH SCH	HWARTZ, 331	8 RIPPLE ROAD #212
	xxxx1089-10-958	82 WXXXXX	AXIBXXX	文尼.
18. / S 7 X I	CAUSE OI	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASÉ OR CONDITION DIRECTLY LEADING TO DEATH	0.0		10.	
(This does not mean the made of dying, e.	(A) U\CXP	eno carcinoma o	FTHE MAICK	EAS 8WEEKS
heart failure, asthenia, etc. It means the diseas				
injury or camplication which caused death.)	. dec			
ANTECEDENT CAUSES	DUE TO	**************************************		••••
DISEASES OR CONDITIONS, if any, giving	. *			
rise to the above cause (A) stating It UNDERLYING CONDITION last.	ле (С)			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		No	IN CERTIFIED CA.	JSES OF DEATH:
U 21 A. ACCIDENT WAS UNDERLYING 2	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of		(If in Bottimore	e City, give exoct locotion)
	etc.)	nce oragi, massar		
	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
E OF INJURY	While At Not While	е		
	Work At Work	10 10 2	-17	1, 13
22. I certify that (N. (this haspital) attended	d the deceased fram	1 10	9 6 / ta //	196/
that (N) (we) last saw the deceased alive ar	n /// b	19.6 / and tha	in the Court apin	nian death accurred an the do
and haur and fram the causes stated above.	. (N) (We) (did) (did not) v			
23A. SIGNATURE	(a).			23B. DATE SIGNED
Karolil Alaylan	M.D. Atte	ending Med. Sirector P	Stoff Phys.	11/6/69
23C. PHYSICIAN'S	/ 1.4.4.1.	23 D. ADDRESS	rnys. 🖃	11/4/6/
NAME (Type)		Carre H	2.64	2 notice
RONALD SCHAC	HAR M.D.	SINA! 110:	SPITAL O	F IDALTIMORE
24A- BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CRE	MATORY 240. LO	OCATION (Ci	ity, town, or county) (Stote)
	ETH TFILOH	BAL	TIMORE, MAR	RYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
NOV 9 1961 (12	MUSIKADE, S CLUK	SOL LEVINSON &	BROS. INC.,	6010 REISTERSTOWN
\$ 150-REV. 1/1/65			-	



## 67 10709 BALTIMORE CITY HEALTH DEPARTMENT 67 10709 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

M.E. CASE NO.				
1. NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED	DEAD
JOSEPHINE	I	DAVIS	November 6, 1967	9:00 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESID	DENCE (Where deceased lived. If institution B. COUNT	on: residence before odmission!
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	C. CITY OR TO	rland WN (If outside corporate limits, write R)	RAL and give lown hip)
7			imore /	0 01
Mercy Hospital			RESS (If rurol, give locomon)  E. Eager Street	
5. SEX   6. RACE   7. MARRIED, NE		B. DATE OF BIRT		f Under 1 Yr. If Under 24 Hrs.
Female Negro	1ED	Aug. 1	5, 19 10 57	Aonths, Doys, Hours, Min.
IOA. USUAL OCCUPATION (Give kind of work I B. KIND OF BI done duging most of working life, eyen if retired)	JSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
HOUSOWIFE		Wath 14. MOTHER'S A	CAROLINA MAIDEN NAME	451
JESSIE WALTEN			Kasun	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT	PILE A	DDRESS
No	TOO MITTER	Hugh	DAVIS EAGER	. 5/0
18.	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	(A) Cerebi	ral Damage	complicating Anoxia	
(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	DOMENDON di	uring radi	lum implantation for	
may a compression which cooled beam.	endome	etrial car	ncer	
ANTECEDENT CAUSES	(B)	•••		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (AI STATING THE	DUE TO			
UNDERLYING CONDITION LAST.	(C1	· · · · · · · · · · · · · · · · · · ·		
2				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 198. CONDITION FOR WH	Adipos	ity		
19A. DATE OF OPERATION 19B. CONDITION FOR WH			Y? (Yes or Not 20B. IF YES, WERE FIND	NGS CONSIDERED
10/24/67 WAS PERFORMED Cancer of Ende	ometrium	Ye	IN CERTIFYING CAUSES	OF DEATH? Yes
21A. EXTERNAL CAUSE WAS 218, PLA	CE OF INJURY (e.g.,	in or obout 21C.	WHERE DID (If in Boltimore City, give	
UTING CAUSE OF DEATH.	form, foctory, street,	office bldg., INJUR		aı
	Hospital	21 F. H	301 St. Paul Place	77 - 40 1
OF INJURY (APPROX.) 10/24/67 8:15 A. m. WHI			Therapeutic Misadvent	ure
22.		ww l	d that on this bosis, death in my	opinion
resulted from: Notural cousesAcc	ident K Suicia		ide Undetermined monner	
///	=		MEDICAL EXAMINER	DATE SIGNED
SIGNATURE // SIGNATURE	- M.C	ASSISTANT A	MEDICAL EXAMINER X	
EXAMINER'S Werner U. Spin	~ / . /		MEDICAL EXAMINER	11/7/67
	NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City, to	wn, or county) (Stote)
Rusial 11/11/17 1	to Auba.	111	PAITA MN.	
24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF			RAL DIRECTOR	ADDRESS
810110 1007 0 0	0 7 0		Mail 11/ Jones . b	1735
MOA 9 1801 (15.00 Pc	E , Starling M.	MAN	HALL WISONES JR.	HARFORD NE.

Lesson William Bures is 1 1/11/27 Met Makeson Parte Mid MICHIEL W. SAME, RANGELLAND

		OF	:00		HEALTH DEPARTM	ENT	67 10710
100	TH NO.	67	1071	CERTIFICA	TE OF DEA	TH Registered No	0. 00 100 1.0
1. N	AME OF DECEA	SED			2. D	ATE AND HOUR OF DEAT	Н
		Blanch	e Jeter	<u> </u>	TA HICHAL BESIDENC	11-7-67	institution: residence before odmission)
) · !	TEACE OF BEAT	H IN BALTIMORE, IMA	KILAND		A. STATE	COUNTY	institution; residence before odmission
1	FULL NAME OF	(If not in hospital oddress or tocatio	or institution,	give street	Maryland	W	
	NSTITUTION			ital, Inc.			e RURAL and give township)
	20	1514 Div			Baltimore D. STREET ADDRESS		1-00
	01	Baltimor	e, Mary	yland 21217	537 Dolph	nin Street	
5. <u>s</u>	emale 6	Negro	7. MARRIED, WIDOWE	, NEVER MARRIED D, DIVORCED (specify) Parated	6-10-1387	9. AGE (In years loss bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		rking life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	Virginia	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3.	FATHER'S NAME		1		14. MOTHER'S MAID	EN NAME	
1-	ha Cudah				Berda Co	and m	
5.	hn Smith	ver in U. S. Armed For If yes, give war or dote	ces?	1 6. SOCIAL	17. INFORMANT	ustn	ADDRESS
i e	No of Unknown/(	r yes, give war or dote	s of service	SECURITY NO. 214-56-4601-	P Duby Hoe	alron, dought on	7010 Maine Ame
-	18. 7 / 6	V I		CAUSE O		oker-daughter	3010 Maine Ave.
	DISEASE	OR CONDITION DE	RECTLY		2 -	- 1/ /	ONSET AND DEATH
		EADING TO DEATH		(A)	ingester	+ xeart	Farlus
		meon the mode of sthenia, etc. It means		DUE TO	, /	7	Farlure
		ication which caused			Dan by	In mill	
	1A	TECEDENT CAUSES		(B)	was a co	0000	cons
		CONDITIONS, if					
		abave cause (A) CONDITION last.	stating the	(C)	***********************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		П					
O	OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTIN	G			
ATI	DISEASE OR C	ONDITION CAUSING	T.				
ERTIFICATION	19A. DATE OF C	WAS PER	FORMED	WHICH OPERATION	No		RE FINDINGS CONSIDERED CAUSES OF DEATH?
CALC	21 A. ACCIDENT OR CONTRIBUTI DEATH (notify or	WAS UNDERLYING NG CAUSE OF	21 E hon etc.	B. PLACE OF INJURY (e.g., in ne, form, foctory, street, of ,)	or about 21 C. WHERE	DID (If in Boltim	nore City, give exact location)
ED	21 D. TIME	Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW I	DID INJURY OCCUR?	
\$	(APPROX.)		WH	nile At Not While			
	22. I certify th	not (1) (this hospito			ctober 24,	19 67 to Nov	vember 7, 19 67
	that (1) (we) 10	est sow the decens	d alive on	November 7,		and that in (mu) (aux)	pinion death occurred on the dat
				1) (We) (did) (did not) v	tamaka bada ata	Jest	Printell death accurred on the dat
	23A. SIGNATURE		led opove. (	i) (me) (did) (did not) v	lew the body offer	deoth.	23B, DATE SIGNED
		X In a	05	M.D. Atte	nding Med.	Stoff	
	23 C. PHYSICIAN	5 Ofma	KO .	Phys	s. Directo	Phys. 30	11-7-67
	NAME (Typ	e)	Tomo			oden Charact	D-14- 37 3
201	BURIAL CREM		C. Lare	AME of CEMETERY of CRE		sion Street	Balto., Maryland
-46	REMOVAL (Spe		24C. N	AME OF CEMETERS OF CRE	MATORT		(City, town, or county) (State)
0.5	Burial	NOV, 11,1	1967 1	ft. Auburn		Baltimore,	
25 A	A. DATE REC'D B	10	25B. NAME	OF REGISTRAR	25C. FUNERAL DI		ADDRESS
	NOV	/ 9 1967 (	10.5	E stadeupha	Charles	R. Law, 802 N	Adison Ave.
٧S	150-REV. 1/1/65		-		4 4	)	

7-61-1-3 avia and and contrary emission value that of either the

AND THE RESIDENCE OF A STATE OF A THE REAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF T

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67 10711 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10711

BIRTH NO.	MEDI	ICAL EXAMINER'S CI	EKTIFICATE OF L	EAIL Kegisieleg	
M.E. CASE NO.					
Type or Print)	ECEASED	D		HOUR PRONOUNCED DE	
ELLIE	TIMORE MARYLAND W	HERE PRONOUNCED DEAD	Novem	ber 3, 1967	7:05 A. M.
J. PEACE IN BA	LIMORE, MARIEAND, W	THERE PROHOGINGED DEAD	4. USUAL RESIDENCE (Where of A. STATE Maryland	B. COUNTY	\ \/
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside	carparate limits, write RUR	AL and are township)
INSTITUTION	ADDRESS OR LOCA	, note,		2	- 51
400 0	Dallas Chusas		Baltimore  D. STREET ADDRESS (If rurol,	cius (assiss)	0)
402 5.	Dallas Street			-	
5. SEX **	6. RACE	7. MARRIED, NEVER MARRIED	282 Herring S		Under 1 Yr. If Under 24 Hrs.
3. 3EA	o. KACE	WIDOWED, DIVORCED (specify)	B. DAIL OF BRITT	lost birthdoy) Ma	nths Doys Hours Min.
Male	Negro	Widowed	3-22-1908	59	
	CUPATION (Give kind of work f working life, even if retired)	NOB KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slate or foreign		CITIZEN OF WHAT COUNTRY?
1 - 1 -	ren		VINGINIZ		21.5,A.
13. FATHER'S NA	ME ,		14. MOTHER'S MAIDEN NAME		
Thom	as Lewis	5	ANNE Reed		
	SED EVER IN U.S. ARMED		17. INFORMANT	ADI	DRESS
1/3 6	vivilityes, give wor or dole	S of services	Mar El	1	55 1 P L
118.	W.W.T	CAUSE	OF DEATH	ley 274 Ma	INTERVAL BETWEEN
172	21/1		OI DEATH		ONSET AND DEATH
DISE.	ASE OR CONDITION DI LEADING TO DEATH	RECTLY	iosclerotic Cardi	own coular Dice	220
(This does	not mean the mode of re, asthenia, etc. II means	dying, e.g., DUE TO	loscierotic cardi	Ovascular Disc	age
injury or o	complication which coused	deoth.)			
	ANTECEDENT - CAUSE	•			
DISEASES	ANTECEDENT CAUSE OR CONDITIONS, IF A	(8)			
RISE TO T	THE ABOVE CAUSE (A) S'ING CONDITION LAST.				
	ING CONDITION LASI.	(C)	>>>>>		
2	B				
OTHER SI	GNIFICANT CONDITIONS				
DISEASE	OR CONDITION CAUSING				
OTHER SI TO THE DISEASE 19A. DATE C		DITION FOR WHICH OPERATION		208. IF YES, WERE FINDING	
00	WAS PER	FORMED		IN CERTIFYING CAUSES O	r DEATH:
O UNDERLYING	AL CAUSE WAS	21 B. PLACE OF INJURY (e.g., home, form, loctory, street, c	in or obout 21C. WHERE DID	f in Boltimore City, give ex	oct location)
UTING CA	USE OF DEATH.	etc.)	Sings, Misski GGGK.		
21D TIME	(Month) (Doy) (Yeo	r) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE		
22.		m. WORK L AT W	ORK		
	ertify that I held on I	nquiry Inspection X Au	topsy ond that on this	s bosis, deoth in my op	inion
res	ulted from: Notural co	uses X Aseident Suicid	e Homicide U	ndetermined monner	
	1.100		CHIEF MEDICAL EX	AMINER -	
ACTU.		In motor	ASSISTANT MEDICAL EX		DATE SIGNED
SIGNA			ASSOCIATE MEDICAL EX		11/3/67
	INER'S Werner (Type)	U. Spitz, M.D.	ASSOCIATE MEDICAL EX	AMINER	11/5/07
23A. BURIAL CI	REMATION. 238 DATE	23C. NAME of CEMETERY	OF CREMATORY 23 D. LC	CATION (City, town	, or county) (State)
REMOVAL (Spec	sify)		, p	1.1	4.0. /
Burl	2/ 1/-7-	of Nationalle	metery Da	Atimone.	ADDRESS
Z4M. DATE REC	D BY HEALTH DEPT.	240 NAME OF REGISTRAK	O A A	0 111	ADDRESS A
- 19	1001	okrew E. Acher	Kaudal ali	Copllick 24.	318. Oliver &
VS 151-REV. 1/	1/65		in you		The Control of

SORIOR WELLER

granification of the state of the state of

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

CP 40P 10 BALTIMORI	E CITY HEALTH DEPARTMENT 67 10712
BIRTH NO. 67 10712 CERTIF	ICATE OF DEATH Registered No.
M.E. CASE NO.	2. DATE AND HOUR OF DEATH
(Type or Print) Israel Cox	11-7-67   11:45 a.m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	Maryland C. CITY OF TOWN (If outside city limits, white RURAL and give township)
.33	D. STREET ADDRESS (If rurol, give locotion)
The Johns Hopkins Hospital	1234 Aisquith St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
Male Negro Married	4/15/06 61
10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
Janitor Motor Co.	14. MOTHERS MAIDEN NAME  14. MOTHERS MAIDEN NAME  14. MOTHERS MAIDEN NAME
13. FATHER'S NAIME	14. MOTHER'S MAIDEN NAME
Louis Henry Cox	Hasty Morris
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   (Yes, no or unknown) (II yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT ADDRESS
2/0	
NO 215-01-713	LISE OF DEATH INTERVAL BETWEEN
DISSAST ON CONDITION DISSAST V	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ou Imanage. Embalua
(This does not meon the made of dying, e.g., DUE	Pulmonary Embolus
heart failure, asthenia, etc. It means the disease,	
injury or complication which coused death.)	
ANTECEDENT CAUSES  DUE 1	
DISEASES OR CONDITIONS, if ony, giving	
rise to the above cause (A) stating the (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	d much linador followy prostatedy
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10/25/67 198. CONDITION FOR WHICH OPERATION WAS PERFORMED TO Hypertropy	NO IN CERTIFFING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, st	(le.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) reet, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?
S OF INJURY	of While
	Work
22. I certify that (1) (this haspital) attended the deceased from	11/1 19 67 10 11/7 19 67
that (I) (we) lost sow the deceased alive on 11/7	
ond hour and fram the causes stoted obove. (1) (We) (did) (did	
23A. SIGNATURE	23B, DATE SIGNED
1 1 M.	Attending Med. Stoff
Harm yours	Phys. Director Phys
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Harry Pond	M.D. The Johns Hopkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	0 0 0 116 44

1967 VS 150-REV. 1/1/65

Calvary Cemetery ANNE Anundel Co. 19d.
OF REGISTRAR
Randolphy. Collick 2431 E. Oliver St.

BIRTH NO.		BALTIMORE CITY			
	67 10713	3 CERTIFICA	TE OF DEATH	Registered Na	67 10713
N.E. CASE NO.	ED		2. DATE AND H	OUR OF DEATH	
Type or Print)	DALA SILEZ	RESE.	1105 7.	63 .	1 6-30 A
PLACE OF DEATH	IN BALTIMORE, MARYLAND			ceosed lived. If insti	tution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(If nat in hospital or instituted and oddress or facation)	ution, give street	C. CITY OR TOWN (If outside	city fimits, write RU	RAL ond give township)
35 CH	IURCH HOME	and Hospital	D. STREET ADDRESS (If rural,	give locotion)	2-02
<u> </u>			1083. Keg	Ester Si	t
6. SEX		RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	GE (In years birthdoy)	ff Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OA. USUAL OCCUPA	THON (Give kind of work 10 BK)	D'OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign of	ountry)	12. CITIZEN OF
fone during most of work	17	myloged	marilend		WHAT COUNTRY?
3. FATHER'S NAME		ng y	14. MOTHER'S MAIDEN NAME	,	
Vence :	Ferracci	U /	Shall:		
5. Was Deceased Eve	er in U. S. Armed Forces? yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110		214-16-5059	Mintenles CVE	マナドウド	108 S PEDICH
18. 4 20	01-560	CAUSE	Vic. HOLAS SVE Terio selentia		INTERVAL BETWEEN
DISEASE	OR CONDITION DIRECTLY		+ , +	1 .3 .	ONSET AND DEATH
LE	ADING TO DEATH	(A) A	Merio Selevolice	Ent Suare	
	meon the made of dying,	e.g., DUE TO			
	thenio, etc. It means the dis cotian which coused deoth.)	euse,			
AN'	TECEDENT CAUSES	(B)			····
DISEASES OR	CONDITIONS, if ony,	DUE TO			
	abave couse (A) stoting				
	CONDITION last.				
UNDERLYING C	CONDITION last.				
UNDERLYING C	ANT CONDITIONS CONTRIB	uting 7	12		
OTHER SIGNIFIC TO THE DEAT DISEASE OR CO	II		Peter ; premie	nea	
OTHER SIGNIFIC TO THE DEAT DISEASE OR CO	II  ANT CONDITIONS CONTRIE TH BUT NOT RELATED T	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20	DB. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
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UNDERLYING CONTRIBUTION DEATH (notify med)  21 A. ACCIDENT OR CONTRIBUTION DEATH (notify med)  21 D. TIME (NOTIFY (APPROX.))  22. I certify the that (I) (we) last and haur and free 23A. SIGNATURE	ANT CONDITIONS CONTRIBETH BUT NOT RELATED TO INDITION CAUSING IT.  PERATION 198. CONDITION WAS PERFORMED  WAS UNDERLYING Dedical examiner)  Anonthi (Doy) (Year) (Hours at (I) (this haspital) attents the causes stated about the causes stated about Abdulio	THE STANDARD TO THE STANDARD TH	20A. AUTOPSY? (Yes or No) 21 In or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY  19	OCCUR?	ES OF DEATH?  City, give exact location)  19 67  an death accurred an the de
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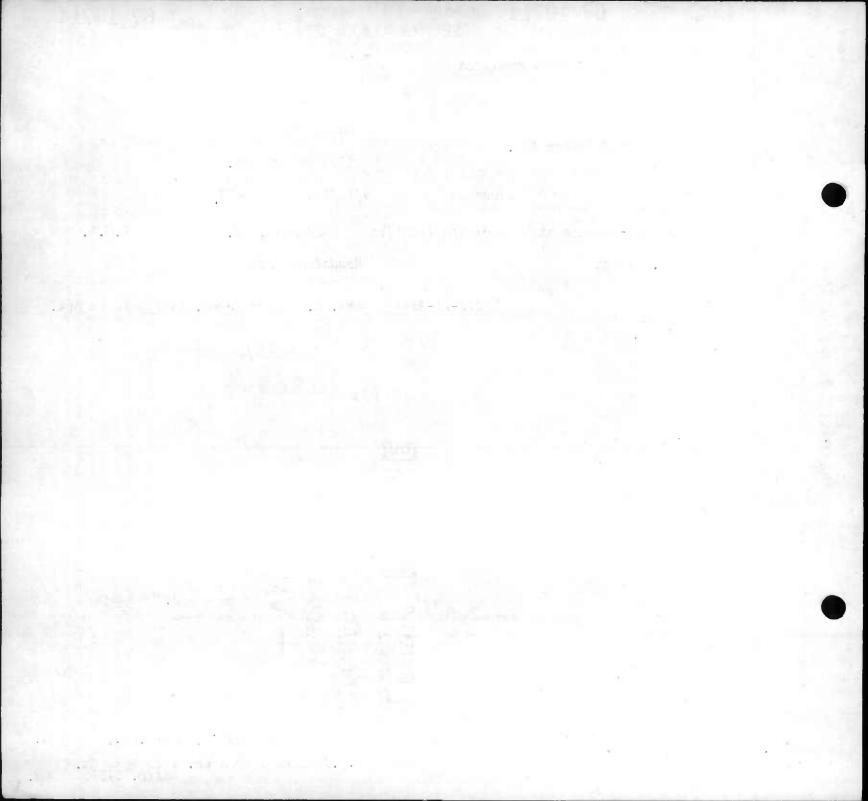
Robels M. 41M Church

VS 150-REV. 1/1/65

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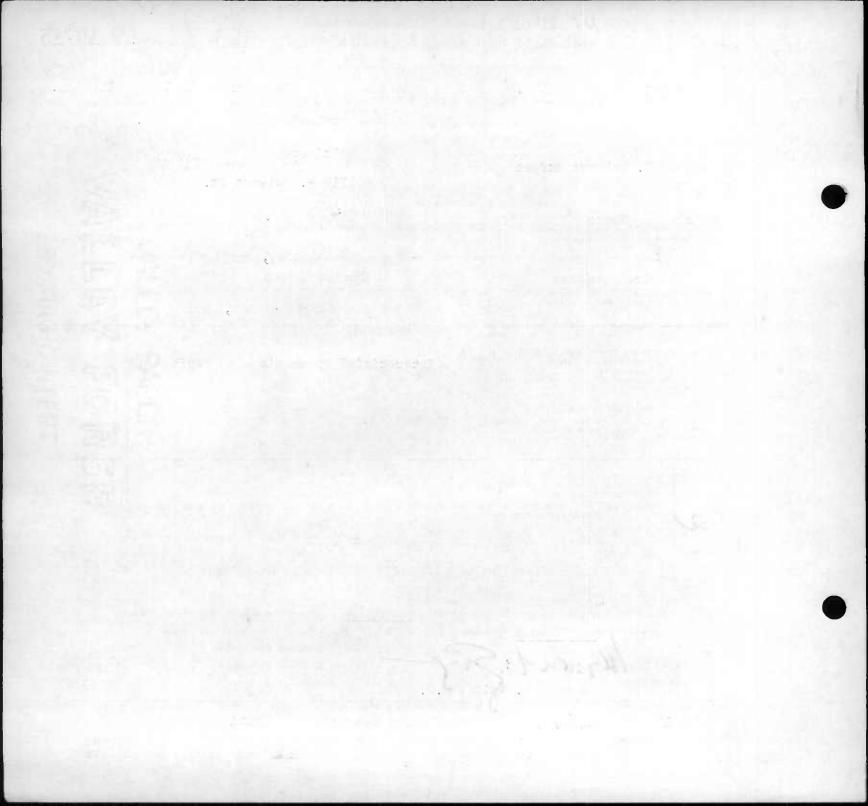
67 10711

BIRTH NO.			CERTIFICA	TE OF DEATH	Registered Na	0/ 10/12
M.E. CASE NO.  1. NAME OF DEC (Type or Print)		Chroni	ster	2. DATE	AND HOUR OF DEATH	B 1967 1:00 P.
3. PLACE OF DE	ATH IN BALTIMORE, MA			A. STATE B. CC	Where deceased lived, If	institution residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or location		give street	Maryland c. city or town Baltimore	outside city limits, write	RURAL and give township)
00	2753 Pelhan	Ave.		D. STREET ADDRESS 2753 Pelhas	(If rurol, give location)	
5. SEX	6. RACE	WIDOWER	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH 4/10/1890	9. AGE (In years lost birthdoy) 77	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of	UPATION (Give kind of wor working life, even if retired) red-Bookkeepe		business or industry	11. BIRTHPLACE (Stote or Baltimor		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	ME	<u>-</u> L		14. MOTHER'S MAIDEN	NAME	
John H.				Magdalene R	ode	
5. Wos Deceoser Yes, no or unknow	d Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO. 212-01-3396	Mrs. E. Art	hur Bowen. 81	address 005 Bellona Ave.
1B. // Ø	0.1		CAUSE O		^ ^	INTERVAL BETWEEN
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	(A) Cou	te Color	any Occlus	mondeate
heart failure,	not mean the mode of asthenia, etc. It means mplication which caused	the disease, d deoth.)	DUETO	on, ather	alcheres	10 years.
rise la Il	ANTECEDENT CAUSES OR CONDITIONS, if ne above cause (A) G CONDITION last,	any, giving	DUE TO			
E TO THE	II  IIFICANT CONDITIONS ( DEATH BUT NOT REL CONDITION CAUSING	ATED TO TH	G E		91. T	
		NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	218 hom etc.	ne, form, foctory, street, o	n or obout 21 C. WHERE DII	(If in Baltime	ore City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		ile At Not While At Work		INJURY OCCUR?	7
	y that (I) (th <del>is hospit</del> a ) last saw the deceas		1901 L 1 30	20/19 67 and	19 ⁵ ta	pinian death accurred an the day
and haur ar	nd from the causes sta	ited abave. (	I) (We) (did) (d <del>id not</del> ) v	view the bady after dea	th.	
23A. SIGNAT	went fil	Pole	M.D. Att	ending AMed.	Stoff Phys.	23B. DATE SIGNED
23C. PHYSICI NAME (	AN'S Type)	Pol.	1=/< M.D.	3603 BE	LAIR RI	D. BALTO, MD
24A. BURIAL CR	(Specify)		AME of CEMETERY OF CR			City, town, or county) / (Stote)
Buria 25A. DATE RECT	e 11/11/6		ruid Ridge		ikesville, B	
25A. DATE RECT	NAVA 1867	Pale l	OF REGISTRAR	H.W. Jenkins	& Sons Co.	ADDRESS 4905 York Rd. Balto. 21212 Md.



7	prog	4	1300	N. Jr.	P		
)	1	1	11	11	(;)	BALTIMORE CITY HEALTH DEPARTMENT	

1. NAME OF DECEASED				TO DATE ALL	HOUR PRONOUNC	ED DEAD		15
(Type or Print)	17	A	dams		ber 7, 196		11:05	Δ
Dorothy 3. PLACE IN BALTIMORE, MARYLAND.	E.				ecosod lived. Il inst			IVI
S. PEACE IN SACINIONS WANTERING,	WIIERE I RONGO	NCLD DEAD	A. STATE		B. COL	NTY	01100 001010 0	- No.
FULL NAME OF (IF NOT IN HOSP ADDRESS OR LOCALINSTITUTION	ITAL OR INSTITU CATION)	TION, GIVE STREET			corporate limits, write	e RURAL one	d give townsh	tip)
1710 N. Calvert S	treet			DRESS (If rurol, g	ivo location)			
01/10 11. 001/012	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1710	N. Calve	rt St.			
5. SEX 6. RACE		NEVER MARRIED	8. DATE OF BIE 9/17/6"	TH	9. AGE (In years lost birthday)	Months E	Yr. If Under Doys Hours	
Female Negro	Infar	it.					51	<u> </u>
10A. USUAL OCCUPATION (Give kind of widdene during most of working life, even if retired Infant		BUSINESS OR INDUST				12. CITIZEI	SCOUNTRY?	
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME	aryland			
Charles Jone	S		Gloria	Adams			per time	
15. WAS DECEASED EVER IN U.S. ARM		16. SOCIAL	17. INFORMANT			ADDRESS		
(Yos, no orunknown) (If yos, give war or d	otes of sorvice)	SECURITY NO.	Mrs Gl	oria Adam	ns , same			
18.		CAU	SE OF DEATH				INTERVAL BE	
DISEASE OR CONDITION	DIRECTIV						ONSET AND	DEATE
LEADING TO DEA		Inter	stitial P	neumonia	SDII			
(This does not mean the mode hoort failure, asthonia, atc. It made	of dying, e.g.,	DUE TO					***************************************	
injury or complication which cause	d dooth.)							
ANTECEDENT CAU	SES							
DISEASES OR CONDITIONS, IF	ANY, GIVING	(B)						
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS								
Z		(C)						
E								
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI 19A. DATE OF OPERATION 19B. CO.	RELATED TO TH			********************************	g = = 0 0 g 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
19A. DATE OF OPERATION 19B. CO	ERFORMED	HICH OPERATION			B. IF YES, WERE FI			Yes
	21 B. F	form, foctory, street,	office bldg. INJU	WHERE DID (III	in Boltimore City, g	ive exect loc	cotion)	
O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.)							
UNDERLYING OR CONTRIB-	oor) (Hour) 21	E. INJURY OCCURRE	D 21F.	HOW DID INJUI	Y OCCUR?			
DUNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (YOUNG) (APPROX.)  22.	oor) (Hour) 21	E. INJURY OCCURRE	D 21F.			my apialan		
DINDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (YOUNG) (APPROX.)  22. I certify that I held an	oon (Hour) 21	E. INJURY OCCURRE	D 21F.	nd that on this	basis, deoth in 1			
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (YOF INJURY (APPROX.)  22.	oon (Hour) 21	E. INJURY OCCURRE	D 21F.	nd that on this	basis, deoth in a			
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UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Y OF INJURY (APPROX.)  22.  I certify that I held an resulted from Natural of ACTUAL SIGNATURE EXAMINER'S	oon (Hour) 21	E. INJURY OCCURRE	Autopsy X a CHIEF  ASSISTANT	nd that on this	basis, deoth in a determined mann MINER MINER			
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (YOF INJURY (APPROX.)  22.  I certify that I held an resulted from Natural (ACTUAL SIGNATURE EXAMINER'S NAME (Type)  23A. BURIAL CREMATION, 23B. DATE	Inquiry Couses X A	E. INJURY OCCURRE	Autopsy X a CHIEF D. ASSISTANT ASSOCIATE	nd that on this cide U  MEDICAL EXA	basis, deoth in a determined mann MINER MINER X		DATE SIG	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (YOF INJURY (APPROX.)  22.  I certify that I held an resulted from Natural (ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Wert	Inquiry Couses X A	E. INJURY OCCURRE  CHILE AT NO ORK AT  Inspection Suice  Litz, M.D.  E. NAME of CEMETER	Autopsy X a CHIEF D. ASSISTANT ASSOCIATE	nd that on this cide U MEDICAL EXA MEDICAL EXA MEDICAL EXA	basis, deoth in a determined mann MINER   MINER   MINER   AMINER   CATION (City	er 🗌	DATE SIG	67



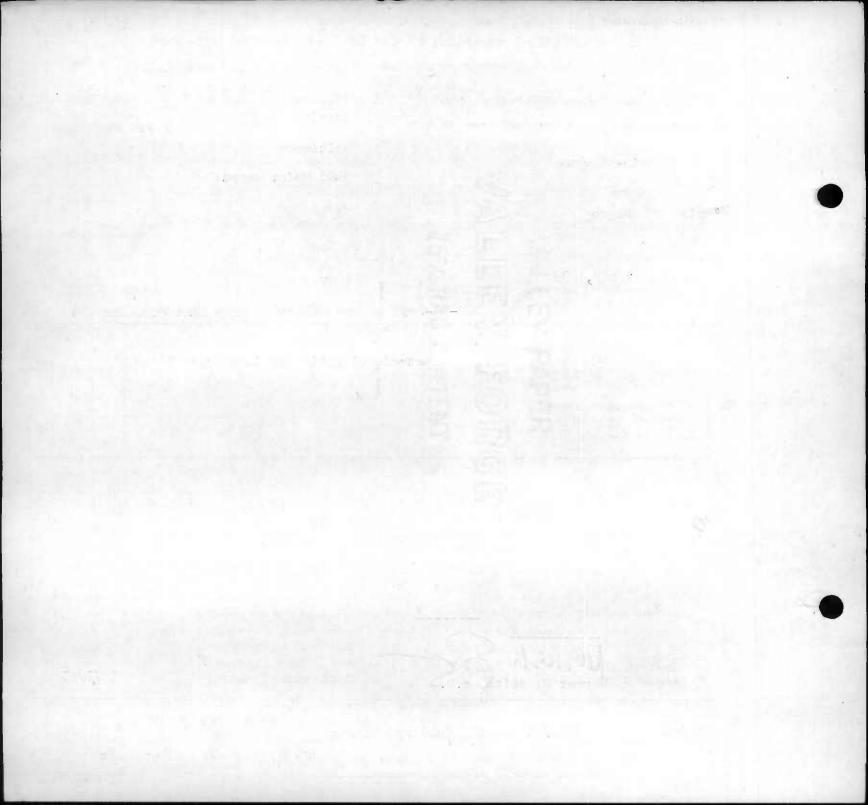
(Typ	AME OF DEC	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
	e or Print) LINWO			WALTERS			ber 7, 196		31 A.A
	LACE IN BALT	IMORE, MARYLAND, W		INCED DEAD	4. USUAL RESID A. STATE Maryla	ENCE (Where de	eceosed lived. If inst B. COL	titution: residence b	
HO:	L NAME OF	ADDRESS OR LOCA	(TION)	JTION, GIVE STREET	C. CITY OF TO	WN (If autside	carparate limits, writ	RURAL and give	lownship)
)	-	Charles Stre Hotel, Room			Baltim D. STREET ADD	RESS (If rural, g	ive locotion) Wal	dorf Hote	L
5. S		6. RACE		NEVER MARRIED DIVORCED (specify)	9/3/08	Н	9. AGE (In years last birthdoy)	If Under 1 Yr. I	
toA.	Male usual occu during Telak	White JPATION (Give kind of work vorking life, even if refired)	TOB. KIND O	BUSINESS OR INDUSTRY	11. SIRTHPLACE	(State or foreign		12. CITIZEN OF WHAT COU	NTRY?
3. F	ATHER'S NAM	NE .			14. MOTHER'S M				
1	ndrew	Walter			Sally	Marsh			
5. 1	VAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
Yes	no ar arknown)	(If yes, vive wor the date	of service)	056-U7-9955	Mrs An	ilta Da	y 110 E	20th St	
	1B. / O	1		CAUSE	OF DEATH			INTERV	AL BETWEE
	heart failure, injury or can  A  DISEASES ( RISE TO TH	not meon the mode of osthenia, etc. It means mplication which caused was a complete to the control of the contr	the disease, deoth.)  S NY, GIVING	(B)_ DUE TO					· · · · · · · · · · · · · · · · · · ·
FICATION	DISEASES ( RISE TO TH UNDERLYIN  OTHER SIGN TO THE	astheria, etc. If means mplicotion which caused was conditions, if a E ABOVE CAUSE (A) 51 NG CONDITION LAST.  II  NIFICANT CONDITIONS REI  DEATH BUT NOT REI	CONTRIBUTII	(B) DUE TO (C)					
CERTIFICATION	DISEASES OF	astheria, etc. If means mplicotion which caused on the course of the cou	CONTRIBUTILLATED TO TO	(B)(C)		II	OB, IF YES, WERE FIN CERTIFYING CAU		RED
EDICAL C	DISEASES OF THE DISEASE OF THE DISEA	asthenia, etc. If means mplicotion which caused on the course of the cou	CONTRIBUTIL LATED TO T GITTON FOR FORMED  TATION FOR  [21 B.	(B)(C)	in or about 21C. V	O HERE DID (III	N CERTIFYING CAU	ISES OF DEATH?	RED
MEDICAL C	DISEASES OF THE DISEASE OF THE DISEA	astheria, etc. If means mplicotion which caused on the course of the cou	CONTRIBUTILLATED TO	(B). DUE TO (C)	in or about 21 C. Voffice bldg., INJURN	O HERE DID (III	in Boltimore City, gi	ISES OF DEATH?	RED
MEDICAL C	OTHER SIGN TO THE DISEASE OF THE DIS	asthenia, etc. If means implication which caused with caused of the control of the caused of the cau	contribution for formed (Haur)  21 B. home etc.)	(B) DUE TO  (C)	in or about 21C. Voifice bldg., INJURY 21F. Howell Cork	O HERE DID (IF	in Boltimore City, gi	pive exact location)  my apInlan	RED
MEDICAL C	OTHER SIGN TO THE DISEASE OF THE DIS	astheria, etc. If means implication which caused with caused of the control of the caused of the cau	contribution for formed (Haur)  21 B. home etc.)	(B) DUE TO  (C)	In or about 21C. Voifice bidg., INJURY 21F. He WHILE ORK topsy and	O WHERE DID (IF	in Boltimore City, gi	pive exact location)  my apInlan	RED
MEDICAL C	other sight to the disease of the di	asthenia, etc. If means implication which caused in the caused of the ca	contribution for formed (Haur)  21 B. home etc.)	(B) DUE TO  (C)	in or about 21C. Voffice bldg., INJURY 21F. Hr	O WHERE DID (IF	in Boltimore City, gi	pive exact location)  my apInIan	
MEDICAL C	OTHER SIGN TO THE DISEASE OF THE DIS	astheria, etc. If means implication which caused in the caused of the course of the course of the caused of the ca	CONTRIBUTII LATED TO T GIT.  IDITION FOR FORMED  21B. home etc.  () (Haur)  uses X	(B) DUE TO  (C)	In or about 21C. Voifice bidg., INJURY 21F. He WHILE ORK topsy and	O WHERE DID (III OCCUR?  OW DID INJUR  d that an this ide Ur  EDICAL EXA	in Boltimore City, given of the control of the cont	my apinian	
MEDICAL C	other sign to the both to the bisease of the biseas	asthenia, etc. If means application which caused with the course of the	CONTRIBUTILATED TO TO SIT.  IDITION FOR FORMED    Contribution of the sit.   Contribution of the sit.	(B) DUE TO  (C)	in or about 21C. Voffice bldg., INJURY  WHILE 21F. Harristopsy and CHIEF M  ASSISTANT M  ASSOCIATE M	O WHERE DID (III OCCUR?  OW DID INJUR  d that an this ide Ur  EDICAL EXA  EDICAL EXA	in Boltimore City, given of the common of th	my apinian	E SIGNEC





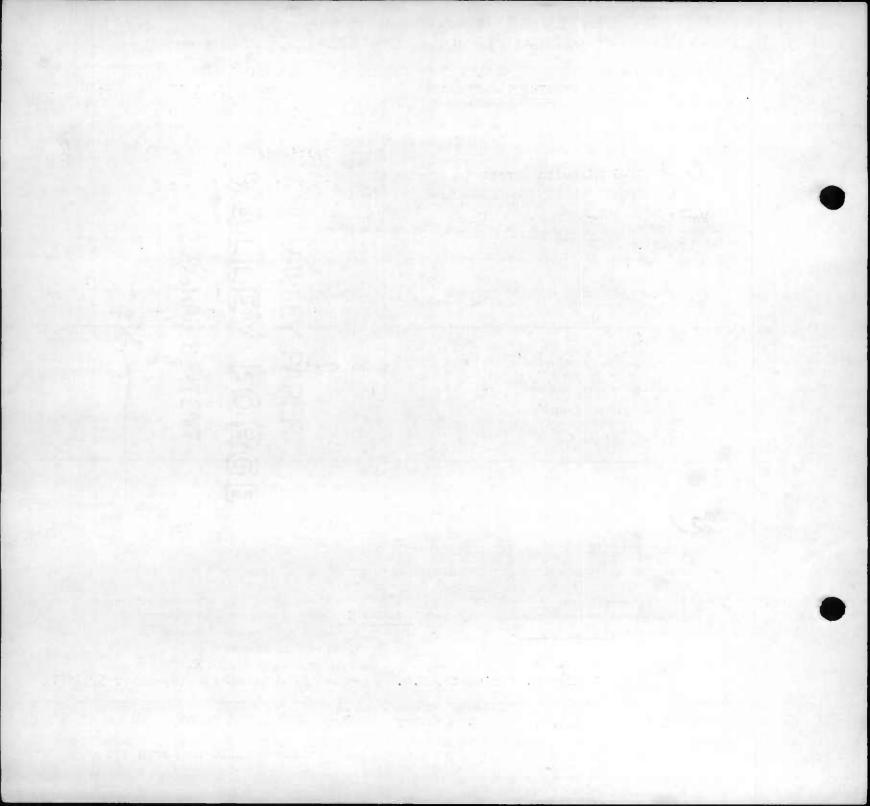
### 67 10717 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No...

M.E.	CASE NO.								1
1. N	AME OF DE	CEASED			2. DATE AND HOUR PRONOUNCED DEAD				
, p	JOSEP			MOODY		Nove	ember 6, 1967	7   6:56 P.	M.
3. PL		TIMORE, MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESID	DENCE (Where	deceased lived. If instit	tution: residence before admis	s sion)
ELLI	NAME OF	(IF NOT IN HOSPITA	AL OF INSTITU	TION GIVE STREET	A. STATE Mary:				
HOS	PITAL OR	ADDRESS OR LOCA	TION)	THON, OF VE STREET	C. CITY OR TO	WN (If outside	de corporate limits, write	RURAL ond give township)	
11421	TOTON				Balt	imore		110	
	3902 M	aine Avenue			D. STREET ADD	ORESS (If rurol	, give location)		
(	00				3902	Maine A	Avenue		
5. SE	X	6. RACE		NEVER MARRIED	B. DATE OF BIRT	тн	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours N	Hrs.
M	ale	Negro	Separ	oivorced (specify)	2/1/16	5	49	701011113	
IOA.	USUAL OCC	UPATION (Give kind of work		BUSINESS OR INDUSTRY			gn country)	12. CITIZEN OF	
done	Presse	working life, even if retired)	Та	ilor	DenMor	1	Md	WHAT COUNTRY?	
	ATHER'S NAA		1		14. MOTHER'S A			UDA	_
	Ine enh	Moody, r			Tr7 amam				
1		D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	Elenor 17. INFORMANT			ADDRESS	
		(If yes, give wor or dote		SECURITY NO.		2 2 2	36 3 30033 1		
				220-03-6457	Mrs Mi	Lldred	Moody 1711 N	acculloh St	
	8. 4 1	2.1		CAUSE	OF DEATH			ONSET AND DE	
	DISEA	SE OR CONDITION DI	RECTI Y					ONSET AND BE	~
	DISEA	LEADING TO DEATH	I I	Arteri	iosclerot:	ic Card	iovascular D:	isease	
	(This does	not meon the mode of	dying, e.g.,	DUE TO					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO								
	RISE TO TH	E ABOVE CAUSE (A) S'	TATING THE	DUE TO					
7	UNDERLYII	NG CONDITION LAST.		(C)					
ERTIFICATION		ll l							_
I.₹	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTION	NG					
[윤]		DEATH BUT NOT RE		HE					
E.		OPERATION 198, CON		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED	
낑	0	WAS PER			Ne		IN CERTIFYING CAUS		
4	ZIA. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,			(If in Boltimore City, giv	ve exoct location)	
0	UNDERLYING	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJUR	RY OCCUR?	7, 6		
里									
	DE INJURY	(Month) (Doy) (Yea	n) (Hour) 2	TE. INJURY OCCURRED	21 F. H	IOM DID INI	URY OCCUR?		
	(APPROX.)			VHILE AT NOT	WHILE ORK				
	22.					1.0			
	I cer	tify that I held an I	nquiry 🗀	Inspection A	tapsy ar	nd that an th	nis basis, death in m	y apinian	
	resu	Ited fram: Natural ca	uses X A	ccident Suicid	e Hamic	ide	Undetermined manne	or	
1		1 nm	-1		CHIEF	MEDICAL E	XAMINER	DATE SIGNE	ED.
	SIGNAT		Sh -	1000 40	ASSISTANT A	MEDICAL E	XAMINER X	DATE STORE	
	EXAMIN NAME (	VER'S Werner	J. Spit		ASSOCIATE			11/7/67	
	BURIAL CRE	MATION, 238 DATE	23	C. NAME OF CEMETERY	OF CREMATORY			town, or county) (State	e)
I	Aurial	11/11	167	Mt Calvary	Cemetry	A	A County		
	DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTO		ADDRESS	
		NOV 9 1967	Real B	E. Frederia	A	Halstea	d 1206 W N	North AVe	



## 5-152 BIRTH NO. 67 10718 BALTIMORE CITY HEALTH DEPARTMENT 67 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E.	CASE NO.	71120		O COM TEN O	EKIIIICATE				
1. N.	AME OF DE	CEASED					D HOUR PRONOUNCE	D DEAD	
			RIETTA	SPENCER		Novem	ber 5, 1967	8:30	0 A. M
3. PL	ACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE	CE (Where	deceosed lived. If insti B. COU	tution: residence bef	ore odmission
FULL	NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Mary	Land			
HOSI	PITAL OR TUTION	ADDRESS OR LOCA	(NOIT)		C. CITT OR TOWN	(It outside	e corporate limits, write	KUKAL ond give to	wnshipl
	00					imore		00	
	00	1047 Aisquit	h Stree	t	D. STREET ADDRESS	(It rurol,	give locotion)		1
5. SE						Aisq	uith Street		
D. 3E.	^	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	2	9. AGE (In years lost birthdoy)	Months Doys H	Under 24 Hrs lours   Min.
	Memale	Negro		NGLE .		•	44		
done	USUAL OCC	UPATION (Give kind of wor working life, even if retired)	108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreig	n country)	U S A	TRY?
13. FA	ATHER'S NAM	AE			14. MOTHER'S MAID	EN NAMI			
				?				7	
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17, INFORMANT	W		ADDRESS	
(163,	IIO OI OIIKIIOWI	in yes, give wor or dole	s of selaice	JECOKIII NO.	MR HENR	Y TAT	E 2020 Madi	son Ave	
[3]	B. ~ ^	0 0		CALISE	OF DEATH			INTERVA	L BETWEEN
CERTIFICATION	OTHER SIG	IE ABOVE CAUSE (A) S NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING F OPERATION [198, CON	CONTRIBUTII	HE	20 A. AUTOPSY? (Y	es or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERI	ED
. 13	2/	WAS PER	FORMED		Yes		IN CERTIFYING CAUS	ES OF DEATH?	
OU	NDERLYING	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , (orm, (octory, street, o	in or obout 21C. WHE	RE DID (		re exact location)	
$\geq \frac{1}{2}$	ID TIME	(Month) (Doy) (Yeo	r) (Hour) [2	1E. INJURY OCCURRED	21F, HOW	DID INJU	RY OCCUR?		
(	APPROX.)		m. V	WHILE AT NOT	WHILE				
2	22,								
		tify that I held an I	T-438		<del></del>		s basis, death in m	y apinlan	
	resu	Ited fram: Natural ca	-	ccident Suicid		_	Indetermined manne	er	
	ACTUA	LIRE ( har	12	Sixt M.D.	CHIEF MEDI			DATE	SIGNED
	EXAMIN NAME (	NER'S Charles	S. Spr	ingate, M.D.	ASSOCIATE MED			vember 5,	1967
	BURIAL CRE			o. NAME of CEMETERY o		23 D. L	A County	town, or county) Md	(Stote)
24A,	DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL		7.204 T.F. M.	ADDRESS	
		NOV 9 1967	Robert	52. Falleria	A Hai	stead	1206 W No	orth AVe	



	R-157	BALTIMORE CITY	Y HEALTH DEPARTMENT	67 10719
BIRT	H NO. 67 107	19 CERTIFICA	TE OF DEATH Registered Na.	
	CASE NO. AME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Тур	e or Print) The reso	Robinson	11 5 67	111:30 PM
3. PI	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased tived, If i	nstitution; residence before admission)
F	ULL NAME OF (If not in hospital or instituti	on, give street	M2 .	
H 11	OSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
13	8	T.	D. STREET ADDRESS (If rurol, give location)	11-01
1	university tespita	- 1	1000	e
5. SI		FED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Ti	a la Maria a	WED, DIVORCED (specify)	9119 05 lost birthday	Monins Days Hours Min.
10A.	USUAL OCCUPATION (Give kind of work 10B, KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even it refired)		South Carolina	US
13. F	ATHERS NAME		14. MOTHER'S MAIDEN NAME	(
	Theodore Washing	ton	Lettre 6, bso	~
15, V	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
1	NO	213-07-850	Theresa Rogers	1315 N. Woodington St
	18. = 3 2 X 71 260 X	· CAUSE (	<u> </u>	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			-1 -
	LEADING TO DEATH (This does not meen the mode of dying,	e.g., DUE TO	septicemie.	2 6842
	hearl failure, asthenia, etc. It means the dise		3	15 1
11 1	ANTECEDENT CAUSES	(B)	Urinary tract In	feet 13 days
	DISEASES OR CONDITIONS, if ony, gi			1000
	rise to the obove couse (A) sfoting UNDERLYING CONDITION lost.	fhe (C)	Cerebrovascular H	runbos es 11 Gays
	II		bilateral	
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBL	THE Diche	1	
ATI	DISEASE OR CONDITION CAUSING IT.			CARROLLOS CONCIDERO
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltima	re City, give exoct locotion)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
<	OF INJURY (A PPROX.)	While At Not Wh		
	22. I certify that (1)(this haspital) attend		10 20 1967 ta	11 5 1967.
	that (1) (we) last saw the deceased alive	. 1 -	19 6 7 and that in(my) (aur) as	1
	and haur and fram the causes stated above	10 10		man deam decorred an the date
	23A. SIGNATURE	e. (I) (we) (laid) (did har)	view the body unter death.	23B. DATE SIGNED
	Now My	M.D. AI	tending Med. Stoff ys. Director Phys	11/5/67
	23C. PHYSICIAN'S	67	23D. ADDRESS	
	Louis W. Miller	M.D	University Hospital	1
24A		C. NAME of CEMETERY or C	REMATORY 24D. LOCATION	City, town, or county) (State)
49,000	Butino Mrs. 11 /67	mt Colory	amotory 11.11 (2)	unti ms.
25A	The second secon	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	NOV 9 1967 Robert E.	talkey MIN	Willow Elickeon	1/2971. Calkens
VS	150-REV. 1/1/65			

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Je (	by	5	9	ph	fore
pproved by the chief medical examiner or his assistant if death occurred in a hospital an	o the hospital by a medical examiner. Also, if the direct or contributing cause of deat	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	(except where the physician who pronounced death was in regular attendance on the	); and (6) No physician was in regular attendance on the deceased prior to death. Suc	e obtained before the remains are embalmed or final disposition is made.
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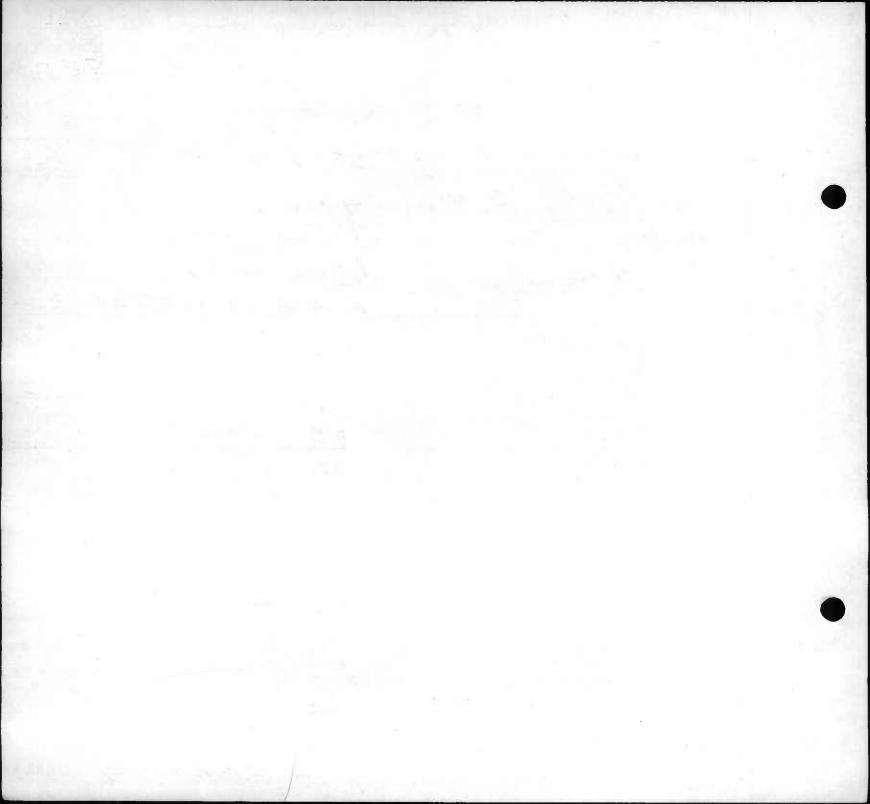
BALTIMORE CITY HEALTH DEPARTMENT 10720 CERTIFICATE OF DEATH Registered No. M.E. CASE NO. HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 21224 4940 Eastern Avenue Baltimore City Hospitals 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9, AGE (In years If Under 24 Hrs. Hours Min. B. DATE OF BIRTH Il Under 1 Yr. Months! Doys Hours WIDOWED, DIVORCED (specify) lost birthday Female Negro 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Farces ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Records: ECH-4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDI 21 D. TIME (Month) (Doy) (Year) (Hout) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (this haspital) attended the deceased from that (1) (wer) last sow the deceased alive on... and that in (my) (aux) opinion death accurred an the date hospital to death) and have and from the couses stoted obove. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED 11-5-1967 M.D. Attending Med. pproval 23 C. PHYSICIAM'S 23D. ADDRESS Raymond J. LaSure M.D. 4940 Eastern Avenue, Baltimore, Maryland 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 25A. DATE REC'D BY, HEALTH DEPT. 258. NAME OF FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

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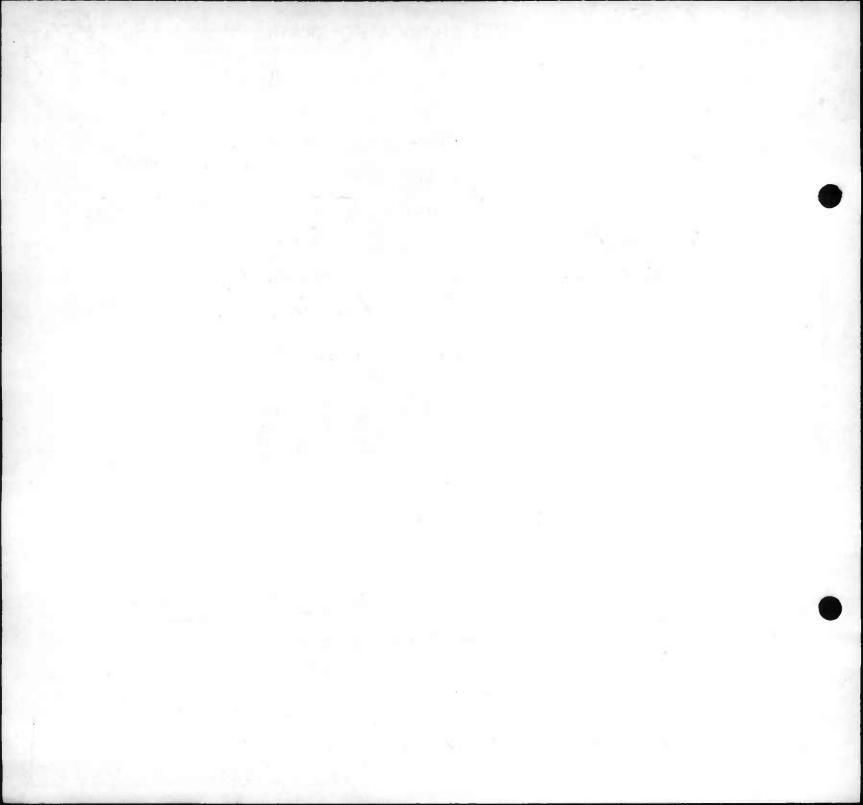
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	1-1/21	BALTIMORE CITY	HEALTH DEPARTMENT	07 40794
	H NO. 67 107	21 CERTIFICA	TE OF DEATH Registered N	
1. N	AME OF DECEASED	4110010	2. DATE AND HOUR OF DEA	лн
	LACE OF DEATH IN BALTIMORE, MARYLAND	, Wallers	4. USUAL RESIDENCE (Where deceased lived.	1.00 Pt. M.
3. F	EACE OF DEATH IN BALTIMORE, MARILAND		A. STATE B. COUNTY	V
F	ULL NAME OF (If not in hospital or institution	on, give street	ma	agreem agreement
ĺ	OSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (If butside city limits, with	ite RURAL and give Hownship)
)(	2007 0 111		D. STREET ADDRESS (If rurol, give location)	6
	231 Bethel Con	ket	237 Bethel Co	rurt
5. S		WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
4	emile Citorel	Wilder	Muy 4, 1908 59	
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
oon	Deertary		Bullmuse md.	
13.	FATHER'S NAME		14 MOTHERS MAIDEN NAME	
	La · Oaman		D.1. C. 10 10	
15	Nos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes	no or unknown lif yes, give wor or dotes of service	SECURITY NO.	Dancell Y Hatter 9	37 Boll 1
	no y	CAUSE C	PED PARES LINEAUX	INTERVAL BETWEEN
	18. 4 8 0 / I			ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Co	15 novy / Krimber	la como de ata
	(This does not mean the made of dying,	e.g., DUE TO		
	heart failure, asthenio, etc. It means the disectiniury or complication which coused death,)	ose,	ed. J. O. a Re all	
	ANTECEDENT CAUSES	(B)	Hyperlansein	18000 years
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	rise to the above couse (A) sloting			
	UNDERLYING CONDITION last.			
7	en i li e e e e e e e e e e e e e e e e e		· · · · · · · · · · · · · · · · · · ·	
ATION	TO THE DEATH BUT NOT RELATED TO	THE Deap	Proposation prince	2
CAI	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FO		0	RE FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	OK WHICH OFERATION	IN CERTIFYING	CAUSES OF DEATH?
CER	21A, ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Balti	more City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, a	office bldg., INJURY OCCUR?	
U				
MEDI	OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED  While At  Not Whi	21 F. HOW DID INJURY OCCUR?	
<	(APPROX.)	Work At Work		
	22. I certify that (I) (this hospital) attende	d the deceased fram	11/29/65 19 to 11	1667 19.
	that (I) (we) last saw the deceased alive o	n 11/4	1967and that in(my) (aur)	apinian death accurred an the date
	and haur and fram the causes stated above	e. (I) (We) (did) (did nat)		
	23A. SIGNATURE	(1, (11, (11, (11, (11, (11, (11, (11,		23 B. DATE SIGNED
	Alles of Kala		ending Med. Stoff	11/8/67
	23C. PHYSICIAN'S	Phy	23D. ADDRESS	11101-1
	NAME (Type)	I AFURENTMO.	0 1. 6. 2 27	
244	DIK. ALIOCAI			(City Agents as agents as (City Agents as a country)
244	REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
	Burial Ma1/67 6	1 Southo Ma	m tack allalu	e ma
25 <i>A</i>	. DATE REC'D BY HEALTH DEPT. 258. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	NOV 9 1967 00 0 20	Fall MB	Maryly 1 Yoleston	AN 1129D. Carties
	TO TO TO THE DILL OF THE	CLAVEEN FROM	Marchall Control	De la



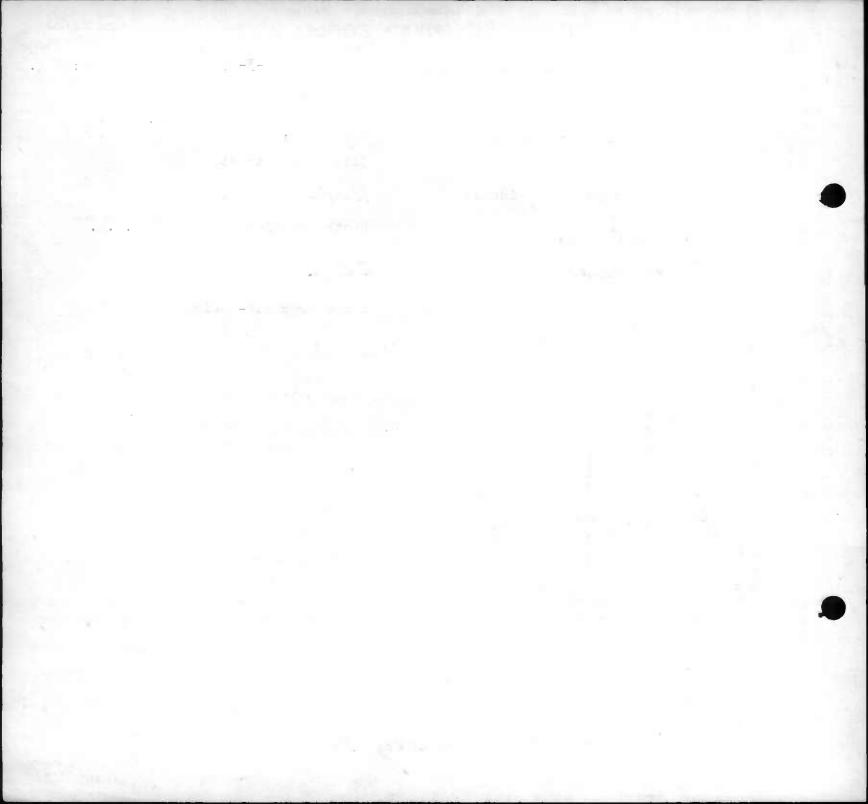
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. al and death Such cause; (5) Deceased M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. of 3. PLACE OF DEATH deceased lived. If institution; residence before admission) B. COUNTY ance Cause (If not in hospital ar institution, give street FULL NAME OF MARYLAND HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write JURAL and give township attend 0 JOHNS HOPKINS HOSPITAL D. STREET ADDRESS prior (If rural, give location) contributing occurred 2121 2800 FOX STREET etermined disposition is made. regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. 7. MARRIED, NEVER MARRIED deceased last birthday WIDOWED, DIVORCED (specify) Hours 10-20-98 FEMALE NEGRO 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at fareign country) 12. CITIZEN OF WHAT COUNTRY? death = done during most of working life, even if retired) (4) Und Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME assistant UO death 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no at unknown)|(If yes, give war or dates of service) 17. INFORMAN ADDRESS 6. SOCIAL final SECURITY NO. attendance any CAUSE OF DEATH pronounced INTERVAL BETWEEN or ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. Il means the disease, regular injury or complication which caused death.) who ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the physician the remains UNDERLYING CONDITION lost. chief medical burns; Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED the IN CERTIFYING CAUSES OF DEATH? before 21 . PEACE OF THIS URE IE. M. or about 21 C. WHERE DID the (2) U 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact lacation) where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? hospital °Z DEATH (notify medical examiner) nature; MEDIC obtained 21 E. INJURY OCCURRED (Month) (Day) (Year) (Hour) 9 21 F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While (APPROX.) and Work At Work the any 22. I certify that (++) (this haspital) attended the deceased fram that (1) (we) last sow the deceased alive on pe and that in (my) (our) opinion death occurred on the date of death) hospital and haur and from the couses stated above. (1) (We) (Bill (did not) view the body after death. must accident 23A. SHOWATURE 23B, DATE SIGNED M.D. Attending Phys. Med. Director Stoff 0 approval Phys. ō 23C PHYSICIAN'S 23D. ADDRESS deceased prior at NAME (Type) M.D. D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) 240. NAME of CEMETERY OF CREMATORY the body written shows: Was HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

BIRTH NO.	040		ICATE OF DEATH	Registered No	67 10723	
M.E. CASE NO		10720 CENTI		AND HOUR OF DEAT		
(Type or Print)	Mary H	Tenson ou Hine.	one) 1:	1-3-67	2:05 A.	
PLACE OF	DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WA. STATE B. CO		institution: residence before admissio	
FULL NAME		or institution, give street	Maryland			
HOSPITAL O		n)		autside city limits, write	e KURAL and give tawnship	
29	Provident	Hospital	Baltimore, D. STREET ADDRESS	(If rural, give location)	6-01	
9				3119 Baker Street		
S S EX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr.	
Female	Negro	Widowed (spec	3/14/80	last bighdoyi	Manths Days Hours Min,	
	CUPATION (Give kind of work	108. KIND OF BUSINESS OR INC	OUSTRY 11, BIRTHPLACE (State or f	areign country)	12. CITIZEN OF	
one during mast	al warking life, even if retired)		South Carol	ina	WHAT COUNTRY?	
3. FATHER'S N	IAME 1	1	14. MOTHER'S MAIDEN N	IAME		
7.1	at Philo		telian ?			
	sed Ever in U. S. Armed Far		17. INFORMANT		ADDRESS	
es, no or unkno	with yes, give wor or dote	s of service) SECURITY NO.	Flora Crock	ett- Neice	SAME	
18.26	oXI	CA	USE OF DEATH	ecc- Neice	INTERVAL BETWEEN	
	ASE OR CONDITION DIE	RECTLY		of Genjune	ONSET AND DEATH	
	LEADING TO DEATH		Dialectio	A idni	itly furth	
	s not mean the mode of		ТО			
	re, asthenia, etc. It means complication which coused		D. 14 1. 1	1. A	,	
	ANTECEDENT CAUSES	(B)	Justile Mel	liling	ahm	
DISEASES	OR CONDITIONS, if	ony, giving	1-1	0		
rise lo	the above cause (A)		Menoclusti	C V Discon	e. when	
UNDERLI						
E TO THE	II  SNIFICANT CONDITIONS C  DEATH BUT NOT RELA  OR CONDITION CAUSING I	ATED TO THE				
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at		RE FINDINGS CONSIDERED	
19A. DATE	WAS PER	FORMED	No	IN CERTIFYING	CAUSES OF DEATH?	
OR CONTR	DENT WAS UNDERLYING CAUSE OF	21 B. PLACE OF INJURY hame, form, factory, st etc.)	Y (e.g., in at about 21 C. WHERE DID treet, affice bldg., INJURY OCCUR?	(If in Baltim	nate City, give exact lacation)	
21D. TIME	(Manth) (Day) (Year)	(Haur) 21E, INJURY OCCURR	ED 21F. HOW DID	NJURY OCCUR?		
(APPROX)			at While			
22   conti	ify that (1) (this has nited	l) attended the deceased from		1065 45	m 2 1967	
					pinian death accurred an the do	
			mot) view the bady after deat			
23A. SIGNA					23 B. DATE SIGNED	
H.	Garland C	Throll & M.	D. Attending Med. Director	Stoff Phy s.	nov 2 1967	
23C. PHYSIC	CIAN'S E(Type)	500-11 7	23D. ADDRESS	1. 1.	1 . 10 . []	
24A. BURIAL C	REMATION, 24B, DATE	1550/ CEMETERY	OF CREMATORY 24D	· LOCATION	AN /34 (Time MI	
REMOVA	L (Specify)	12 CONTRACT CEMETERS	OF CREWIATORY 24D	LUCATION A	(City, town, or county) (State)	
19114	116 Nn/7/0	of Int Com	1411 ( Km),	1.11 (2	until Ind	

25B. NAME OF 25C. FUNERAL DIRECTOR ADDRESS



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF, DEATH (Type or Print) JOHNSON 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR JOWN (If outside city limits, write RUPAL and give township 4940 EASTERN AVENUE D. STREET ADDRESS give location made S. SEX MARRIED, NEVER MARRIED 6. RACE 8. DATE OF BIRTH 9. AGE (In years tf Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours WIDOWED, DIVORCED (specify) lost birthdoy) MARRIED disposition is 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 2122ÅDDRESS 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO RECORDS-BCH-4940 EASTERN AVENUE BALTIMORE MD 10 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med undifferentia LEADING TO DEATH (This does not mean the mode of dying, e.g., mbal heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES 0 DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the CERTIFIC 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION WAS PERFORMED efore 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Bottimore City, give exact location) DEATH (notify medical examiner etc.) مَ MEDI obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (i) (this haspital) attended the deceased from pe that (1) (we) last saw the deceased alive on and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23 B. DATE SIGNED 23A. SIGNATURE M.D. Attending Med. Phys. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) MD EASTERN 1-1.940 AVENUE. 24A. BURIAL CREMATION. DATE 248. 24C, NAME CEMETERY OF CREMATORY 24D, LOCATION (City, lown, REMOVAL (Specify written ECD BY HEALTH DEPT. 2SA. DATE OF REGISTRAR VS 150-REV. 1/1/65

BALTO BALTIMIRE CITY HOSP. 1603 E. MILLIMING 21 6-1-99 metastatic undifferentiated - 1 m ? sepsis ( doubt) YES PAULE MICHESSON B.C.H.

shows: (1) An accident of was D.O.A. at a hospital

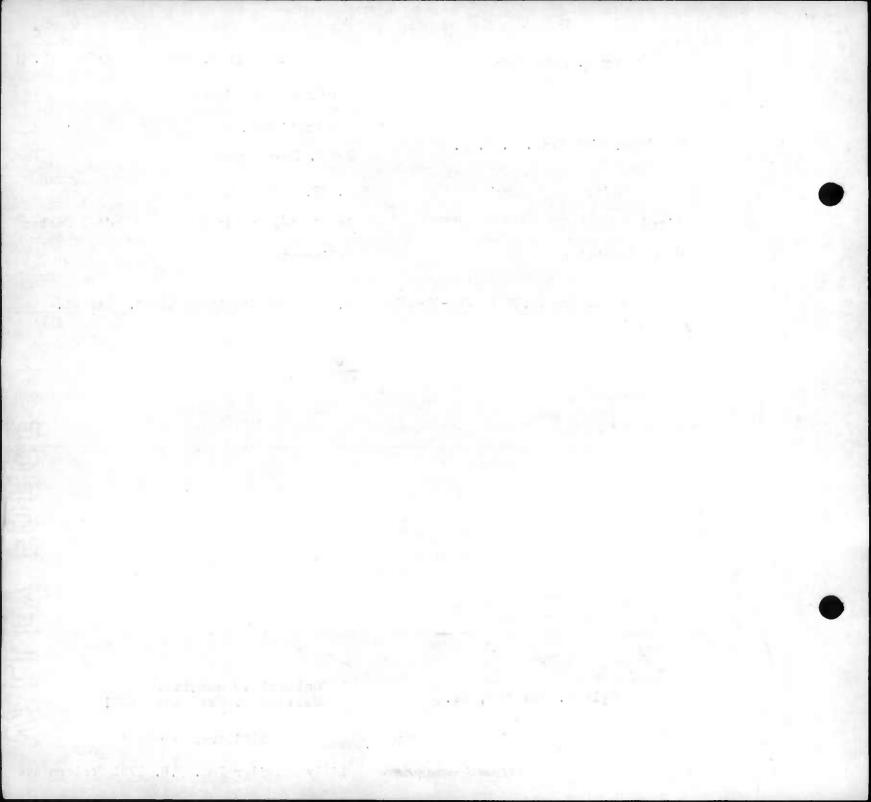
on the

a hospital

11/1	AME OF DEC	Henry A. Bate	chelor		2. DAT	vember 7, 196	2:5	0 P.
3. P	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A. STATE B. C Maryland	Where deceased lived. If COUNTY Baltimore	institution: residence	before admiss
1	FULL NAME OF HOSPITAL OR NSTITUTION	OF (If not in hospital oddress or location		give street		Of outside city limits, write	e RURAL and give to	(vns ip)
3	Balti	more City Hos	p. D. O	. A.	D. STREET ADDRESS 800 S. Dea	(If rurol, give location)		
S. S	Male	6. RACE White		NEVER MARRIED  , DIVORCED (specify)	8. DATE OF BIRTH Dec. 29, 190	9. AGE (In years lost bighday)	If Under 1 Yi. Months Doys	If Under 24 Hours Min
tőA.	Hetire	UPATION (Give kind of work working life, even if retired)		BUSINESS OR INDUSTRY	Baltimore	r foreign country)	12. CITIZEN OF WHAT COLUNITE	INTRY?
13.	Charles	Batchelor			14. MOTHERS MAIDEN Elizabetl			
15. V	Wos Deceosed	l Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRI	:SS
-	Yes	War 2, Aug 2		219-01-8974	Mrs. Margare	et Batchelor	800 S. Dear	st.
	DISEA	1600			OF DEATH	, , 01	ONSET	AL BETWEEN
	heart failure,	not mean the mode of asthenio, etc. It means	the diseose,	DUE TO	- Wil	tous		
NO	hearl failure, injury or car DISEASES ( rise to th UNDERLYIN	asthenio, etc. It meons mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.	the disease, death.) any, giving stating the	DUE TO	o Melos	tores		
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ATIO	DISEASES ( rise to Ih UN DERLYIN  OTHER SIGN TO THE D DISEASE OR	asthenio, etc. It meons mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING I	the disease, death.)  any, giving stating the CONTRIBUTING STEEL TO THE T.  DITION FOR V	(C)		or No)  20B. IF YES, WER		DERED
AL CERTIFICATIO	DISEASES (rise to the UN DERLYIN) OTHER SIGN TO THE DISEASE OR 19A. ACCIDE OR CONTRIB	asthenio, etc. It meons mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IF OPERATION [198. CON	the disease, death.)  any, giving stating the CONTRIBUTING TO THE T.  DITION FOR WE FORMED	(C)  (C)  PLACE OF INJURY(e.g., form, factory, sheet, ce, factory, sheet, shee	20A. AUTOPSY? (Yes	or No) 208. IF YES, WER IN CERTIFYING C	RE FINDINGS CONSI	
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VS 150-REV. 1/1/65

Lilly & Zeiler Inc. F.H. 1901 Eastern Ave



# FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. the of death Deceased M.E. CASE NO. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) no 50 hospital death. 3. PLACE OF DEATH IN BALTIMORE 4. UNUAL RESIDENCE (Where deceased If institution: residence before admission) ance (2) cause (If not in hospital or institution, give stree FULL NAME OF HOSPITAL OR oddress or location! C. CITY getside city limits, write RURA ond give township (4) Undetermined cause; attend INSTITUTION 0 O prior D. STREET ADDRESS rural, give location contributing made. regular MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Houis WIDOWED DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHALA CE (State foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? death na most of working lifes even if retired 5 MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the assistant death LO kind; 15. Was Deceased Ever in U. S. Armed Forces? SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance any pronounced INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 50, med of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., emba heart failure, asthenia, etc. It means the disease, regular aminer. injuly or complication which caused deoth.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving <u></u> rise to the above couse (A) stating the physician remains UNDERLYING CONDITION lost. medical burns; Was ica 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the chief (2) Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 8 WAS PERFORMED before the where 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF hospital 2 DEATH (notify medical examiner) etc.) nature; MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) At Work and Work the any 22. f certify that (1) (this hospital) attended the deceased from pe that (I) (we) last saw the deceased alive an..... and that in(my) (aur) opinion death occurred on the date hospital death) 0 and haur and from the causes stated above. (1) (Ne) (did) (did not) view the body after death. must accident 23A. SIGNATURE SIGNED 23B. DATE 0 Attending Phys. M.D. Med. Stoff 0 Director approval 0 23D. ADDRESS prior Was 4 An M.D. D.O.A. 24A. BURIAL CREMATION. DATE CEMETERY OF CREMATORY 24C. NAME of 24D. LOCATION eceased (Stote) the body REMOVAL (Specify) written Cem shows: 11-9 Was 25C FUNERAL DIRECTO 25A. DATE REC'D BY HEALTH DEPT. T VS 150-REV. 1/1/65

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VS 150-REV. 1/1/65

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13-1053 C7 10797 B	BALTIMORE CITY H	EALTH DEPARTMENT		OF LONGS
ыкти но. 67 10727	CERTIFICAT	E OF DEATH	Registered Na.	67 10727
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
(Type or Print) VIOLA BARNETT		NOV	EMBER 4.	1967   7:10 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			ere deceased lived, if i	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give stre HOSPITAL OR address or lacation) INSTITUTION	eel	MARYLAND,		RUBAL and give lown-1)
313 THE JOHNS HOPKINS HOSPATA		DALTIMORE D. STREET ADDRESS (III	rural, give location)	10-00
THE JOHN'S HOPKINS HOSPITA	1	1223 E. MADISON ST.		
5. SEX 6. RACE 7. MARRIED, NEVER	MARRIED B.	B. DATE OF BIRTH 19. AGE (In years If Under 1 Yr. II Under 24 Hrs.		
FEMALE NEGROID	RCED (specify)	4-4=1900	lost hdayl	Manths Days Haurs Min.
103. USUAL OCCUPATION (Give kind al wark 108. KIND OF BUSINI dane during gost of working life, even it retired)  13. FATHER'S NAME  JAMES	ESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	114	MOTHER'S MAIDEN NA	ME	
JAMES		MARY	-1	
15. Was Deceased Ever in U. S. Armed Forces? 16. SQ	CIAL	INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give war ar dates at service)	CURITY NO.	Haspi	tat record	e)
18.	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISCASE OF COMMISSION PROCESS				
(This does not mean the mode of dying, e.g., heat follower, asthenio, etc. It means the disease, injury at complication which caused deoth.)	(A) Del	ydration &	hypercalce	emia one week
heart foilure, asthenio, etc. It means the disease,				
injury at complication which caused death.)	Metast	atic transi	tional cel	ll six months
ANTECEDENT CAUSES	DUE TO Ca	rcinoma of	urinary b	ladder
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION lost.	(0)	· · · · · · · · · · · · · · · · · · ·		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE home, lorm, etc.)	OF INJURY (e.g., in a factory, street, alfic	e bldg., INJURY OCCUR?	()I in Baltima	re City, give exact location)
OF INJURY (APPROX.)  (Month) (Day) (Year) (Hour) 21E. INJURY While At Work	Not While At Work		JURY OCCUR?	
22. I certify that (I) (this hospital) attended the dece	eased from	ober 17,	19 67 to NOT	rember 4, 167
that (I)(we) ast saw the deceased alive an NOV	ember 4,	19 67 and t	hat in (my) (aur) ap	inian death accurred an the date
and haur and from the causes stated above. (I) (We)		w the bady after death.		
23A. SIGNATURE				23B. DATE SIGNED
ellura ( May)	M.D. Attend	Director L	Stoff Phy s.	Nov. 4, 1967
David J. Shaw,		ohns Hopkin	s Hospital	
PPMOVA! (Spacify)	CEMETERY OF CREM	Danition 240.	DAN Blu	City, town, or Launty) (State)
	STRAR	25C FUNERAL DIRECTO	De 20	ADDRESS (OLL)

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1-152 07 10	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 10728
- 11	L-152 RTH NO. 62-0733467 10"	CERTIFICA	TE OF DEATH	Registered No.	0. 30770
1.	NAME OF DECEASED	1 / 2	4.2	D HOUR OF DEATH	
ll.	PLACE OF DEATH IN BALTIMORE, MARYLAND	id kaBanz	/ov.	e deceased lived, If in	stitution; residence before admission)
			A. STATE B. COUN	ΤΥ	
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION	an, give street	C. CITY OR TOWN (If auts	side city limits, write I	(URAL and give town hip)
DIC	2		Baltimore		2/-01
	5215 Eugene Ave.		==== C	rurol, give locotion)  ze Ave.	
5.	SEX   6. RACE   7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
		wed, divorced (specify)	March 7,196	2 5	Manths Days Haurs Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
	none		Maryland		USA
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
	Guy J. LaBanz	19.4.00	Nancy A. Ar	nderson	
(Y	. Was Deceased Ever in U. S. Armed Forces? es, no ar unknawn) (If yes, give war ar dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
	no	CAUSE	Guy J. LaBai	13	Same.
	DISEASE OF CONDITION DIRECTLY			1011	ONSET AND DEATH
	LEADING TO DEATH	(A)	etachiomatic lec	abolyst nyle	22-344
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO			
	injuty or complication which caused death.)  ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, give	DUE TO			**************************************
	rise to the above cause (A) stating UNDERLYING CONDITION last.		***************************************		
	II				
O E V	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO	TING COLUMN	tory Trock Day	Pertin	
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE I	FINDINGS CONSIDERED
PILE	19A. DATE OF OPERATION 19B. CONDITION F			IN CERTIFYING CA	USES OF DEATH?
110	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
(		etc.)	015 110 11 110 111		
	OF INJURY	While At Not Wh	21F, HOW DID INJU	DRY OCCUR?	
	(APPROX.)	Work At Work		0 / 2 .	10
	22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive			9 62to	
	ond hour and from the couses stated above		/	Ves	
	23A. SIGNATURE	2		yes	23B, DATE SIGNED
	Halle preph	M.D. At	ys. Med. Director	Staff Phys.	November 7, 1967
	NAME (Type) David Josephs		1701 Meridene	Drive. Ra	lto,, Md. 21212
2		M.D.			ty, tawn, ar caunty) (State)
	REMOVAL (Specify)			ltimore, /	No. 1
25	SA. DATE REC'D BY HEALTH DEPT. 2SB. NAM	4	DISC FILMERAL DIRECTOR		ADDRESS
	NOV 9 1967 R.C. 68	Jahns	Leonard J.	Ruck, Inc	Baltimore, Md.
V	S 150-REV. 1/1/65				

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	7-12			BALTIMORE CIT	Y HEALTH DEPARTMENT		67 10729
	TH NO. E. CASE NO.	67	10729	CERTIFICA	TE OF DEATH	Registered No.	07 10725
1.1	IAME OF DECE	CORBE T	T S. I	DAVIS		per 8, 1967	. 1 6 P. M.
3.	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where		stitution: residence before admission)
	FULL NAME OF	(If not in hospital address or tacation		give street	Md.	ride city timits write	RURAL and give township)
	NOITUTITZ	1000				Baltimor	G//
		4222 Shel	don Aven	lue		ural, give lacation) 22 Sheldon	Avenue
5.	sex Ma <b>le</b>	6. RACE Wh <b>i.te</b>		NEVER MARRIED  DIVORCED (specify)  Tied	Dec. 11, 1909.	ost birthdoy) 57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
don		t Conductor			Virginia		USA
13.	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN NAM		
		Joseph F.	Davis			Ollie	May Nephied
15. (Ye	Was Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	, , , , , , , , , , , , , , , , , , , ,		JECONIII NO.	Mrs. Thelma Day	ris	(Same)
	1B. / 80	XI		CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI	RECTLY	00	00,0000	W.	
		LEADING TO DEATH	dying, e.g.,	DUE TO	ROINDMA DF	146 4101	VG 2/632
	heart failure,	asthenia, etc. It means plication which caused	the disease,				
	' '	NTECEDENT CAUSES		(B)		,	
	DISEASES O	R CONDITIONS, if	any, giving	DOE 10			
		abave cause (A) CONDITION last,	slating the	(C)		× × 00000 × × 00000 00000 00000 00000 00000	
CERTIFICATION	TO THE DE	FICANT CONDITIONS C	TED TO TH	E .			
CA	19A. DATE OF	OPERATION CAUSING		WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
RTIF	0	WAS PER	FORMED			IN CERTIFYING CA	USES OF DEATH?
¥	21A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE OF medical examiner	21 B. hom etc.)	e, form, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimor	e City, give exact location)
MEDIC	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21 E,	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)		Whi	le At Not Wh			1/
	22. I certify	that (1) (this hospito	) ottended ti	ne deceased from	VULY / 1	965 to 1	101EMBR 1961.
	that (I) (we)	last sow the decease	d alive on	NOV. 8	19 6 and the	at in(my) (our) api	inian deoth occurred on the date
	ond hour ond	from the couses sto	red obove. (I	) (We) (did) (did not)	view the body ofter deoth.		
	23A. SIGNATU	RE , (	1.	44.5	Med S	Stoff -	23B, DATE SIGNED
Attending Med. Stoff Director Phys. Wov. 9/6							1001.1161
	NAME (T)		Luis J	Elias, M.D.	23 D. ADDRESS 1701 Me:	ridene Driv	e , Balto. Md.
247		AATION, 248. DATE	24C. NA	ME of CEMETERY of CI			ity, town, or county) (State)
	Burial	m = 1 = 10	7 1	idon Penle	7	Paltin	Manual and
25/		BY HEALTH DEPT.	25B. NAME C		25C. FUNERAL DIRECTOR		Maryland ADDRESS
	NOV 9		P 6 . 4	Laber All	Leonard J. Ru	ick,Inc. Ba	1to. Md. 21214
VS	150-REV. 1/1/6	5			The second secon		,

alter of Debt. and

(Type at Print)	EASED MEARL	WATSON	Novem	ber 8, 1967	1. 16,45/t
FULL NAME O		ai institution, give street	Md.	ne deceased lived. If i NTY	nstitution: lesidence befole admission
HOSPITAL OR	oddress or location		C. CITY OR TOWN (II ou	itside city limits, write  Baltimor	RURAL and give townships
00	1815 Ramble	ewood Road		iural, give location) Ramblewood	
5. SEX	6. RACE White	7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) MATTIES	Sept. 5, 1914.	9. AGE (In years lost birthday) 53	If Under 1 Yr. If Under 24 Hr. Months Days Haus Min.
	working lile, even if retired)	Coco Cola Co.	RY 11. BIRTHPLACE (State or face  Maryland		12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NA	Mason E.	Watson	14. MOTHER'S MAIDEN NA		Buckmaster
5. Was Deceased Yes, na ar unknown Yes	Ever in U. S. Armed Ford (II yes, give wor or dote W W 2	ces? s of service) 16. SOCIAL SECURITY NO. 215-01-0000	17. INFORMANT Mrs. Mary E. V	Vatson	(Same)
		death.)	erwellrou	e Coma	Muselus
DISEASES O	ANTECEDENT CAUSES  OR CONDITIONS, if a backer cause (A) of CONDITION (as).  FICANT CONDITIONS CEATH BUT NOT RELA	any, giving staling the (C)	Chi Elliroli	f Come	Mundus
OTHER SIGNI TO THE D DISEASE OR	ANTECEDENT CAUSES  OR CONDITIONS, if a bave cause (A) of CONDITION last.  II  FICANT CONDITIONS C  EATH BUT NOT RELACED CONDITION CAUSING I	any, giving staling the (C)  ONTRIBUTING STATED TO THE T.  DITION FOR WHICH OPERATION			FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES ( iise la lh- UNDERLYING  OTHER SIGNI TO THE D DISEASE OR  19A. DATE OF  21A. ACCIDEI OR CONTRIBL  DEATH (polify	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) GONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I  OPERATION 198. CON	any, giving stating the (C)  ONTRIBUTING TO THE T.  DITION FOR WHICH OPERATION FORMED		o) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?  Te City, give exact location)
DISEASES ( iise la Ih. UNDERLYING  OTHER SIGN. TO THE D DISEASE OR  19A. DATE OF OF CONTRIBUTE OF INJURY (APPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if a abave cause (A) CONDITION last.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERF OTHER CONDITIONS  OPERATION 198. CON TO WAS UNDERLYING THOSE CAUSE OF medical examines  (Month) (Doy) (Year)	any, giving staling the (C)  CONTRIBUTING STED TO THE T, DITION FOR WHICH OPERATION FORMED  218 PLACE OF INJURY (c., home, lorin, loctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At Work  At Work	20A. AUTOPSY? (Yes or No., in or obout 21C. WHERE DID affice bldg., INJURY OCCUR?	o) 20B. IF YES, WERE IN CERTIFYING CA	
DISEASES (ise to the UN DERLYIN)  NOTHER SIGN, TO THE D DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify (APPROX.)  22. I certify that (1) (ws)	ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) of CONDITION last.  FICANT CONDITIONS CEATH BUT NOT RELACIONATION CAUSING I OPERATION 198. CON WAS PERFORMED CAUSE OF medical examines  (Month) (Doy) (Year)  that (I) (This bospitely last saw the decease	any, giving staling the (C)  CONTRIBUTING STED TO THE T.  DITION FOR WHICH OPERATION FORMED  218 PLACE OF INJURY (e., home, lorm, loctory, street, etc.)  (Hou) 21E INJURY OCCURRED While At Work At W.	20A. AUTOPSY? (Yes or No., in or obout 21C. WHERE DID affice bidg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	re City, give exact location)
DISEASES (ise la Ih. UNDERLYING)  OTHER SIGNITO THE DISEASE OR 19A. DATE OF 19A. DATE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (w6) and haur and signature of injury (APPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if above cause (A) CONDITION last.  II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERF  ONT WAS UNDERLYING ING CAUSE OF medical examines  (Month) (Day) (Year)  that (I) (This baspitel last saw the decease of from the causes statice.	ONTRIBUTING STEED TO THE T.  21B. PLACE OF INJURY (e.f. home, lorm, loctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  White At Work  At W.  21 and the deceased from the de	20A. AUTOPSY? (Yes or No., in or obout 21C. WHERE DID affice bidg., INJURY OCCUR?	O) 20B. IF YES, WERE IN CERTIFYING CA	re City, give exact location)
DISEASES (ise la the UNDERLYING)  OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBL DEATH (notify (APPROX.)  21 A. ACCIDE OR CONTRIBL DEATH (notify (APPROX.))  22. I certify that (1) (w) and hauf and and hauf and	ANTECEDENT CAUSES  OR CONDITIONS, if a abave cause (A) CONDITION last.  FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERF  OF MAS UNDERLYING TING CAUSE OF medical examines  (Month) (Day) (Year)  That (I) (This baspitel last saw the decease of from the causes state  OF MASTON, 1248, DATE	ONTRIBUTING STEED TO THE T.  21B. PLACE OF INJURY (e.f. home, lorm, loctory, street, etc.)  (Hour) 21E. INJURY OCCURRED  White At Work  At W.  21 and the deceased from the de	20A. AUTOPSY? (Yes or Normal affice bldg., INJURY OCCUR?  21F. HOW DID IN.  Attending Med. Director  23D. ADDRESS D. 309 EVERGA  CREMATORY 24D. I	O) 20B. IF YES, WERE IN CERTIFYING CA	City, give exact location)  19 6

Committee of the commit

for the National Advances and the second

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# FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. RTIFICATE OF DEATH a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO 1. NAME OF DECEASED 2. DATE AND HOUR OF CEATH (Type or Print) no 0 death. 3. PLACE OF DEATH IN BACTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) attendance A. STATE B. COUNTY (If not in hospital or institution, give street Dal FULL NAME OF HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 0 3a occurred in prior D. STREET ADDRESS (If rural, give lacotian) 2507 CIES disposition is made. regular 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Oays If Under 24 Hrs. 8. DATE OF BIRTH deceased WIDOWED, DIVORCEO (specity) ast birthdoy) Hours TO SECON 10A. USUAL OCCUPATION (Give kind of work 10B, KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death = done during most al working lile, even if retired) Finland U. S. A. Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct assistant if Jaco death 0 5. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMAN ADDRESS or final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance NO bano any pronounced INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, hearf failure, asthenia, etc. It means the disease, chief medical examiner regular injury ar complication which caused death.) ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if any, giving <u>e</u> to the above cause (A) slating the = physician remains UNDERLYING CONDITION last. Was ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED V7DMO10 No physician TO THE DISEASE OR CONDITION CAUSING IT. the An accident of any nature; (2) Body CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 208, IF YES, WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DtD home, farm, foctory, street, affice bldg., INJURY OCCUR? IIf in Saltimare City, give exact facation) where OR CONTRIBUTING CAUSE OF to the hospital DEATH (natity medical examiner) approved by MEDI 9 obtained (Month) (Day) (Year) (Haut) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (except White At Not While (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from pe that (I) (we) lost sow the deceased alive onond that in (my) /(our) opinion death occurred on the date death) hospital the body was released shows: (1) An accident ond hour and from the couses stated above; (V (We) (did) (did not view the body after death. must 23A. SIGNATUR 23 B. DATE SIGNED Attending Staff M.D. Med. 0 Director approval ō 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS deceased prior certificate p D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City /town, or county) REMOVAL (Specify) written 11/11/67 Grandview Monessen Penna Was 25A. OATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 5305 Harford Rd Leonard & Ruck Inc VS 150-REV. 1/1/65

IMPORTANT FUNERAL DIRECTOR:

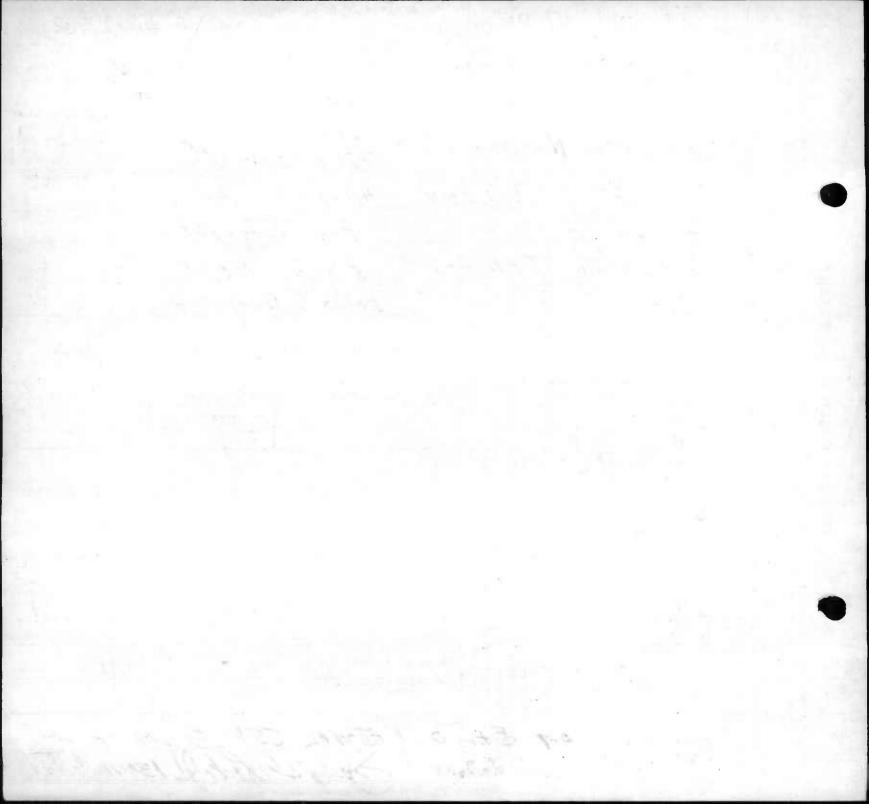
assistant

the chief medical examiner

approved

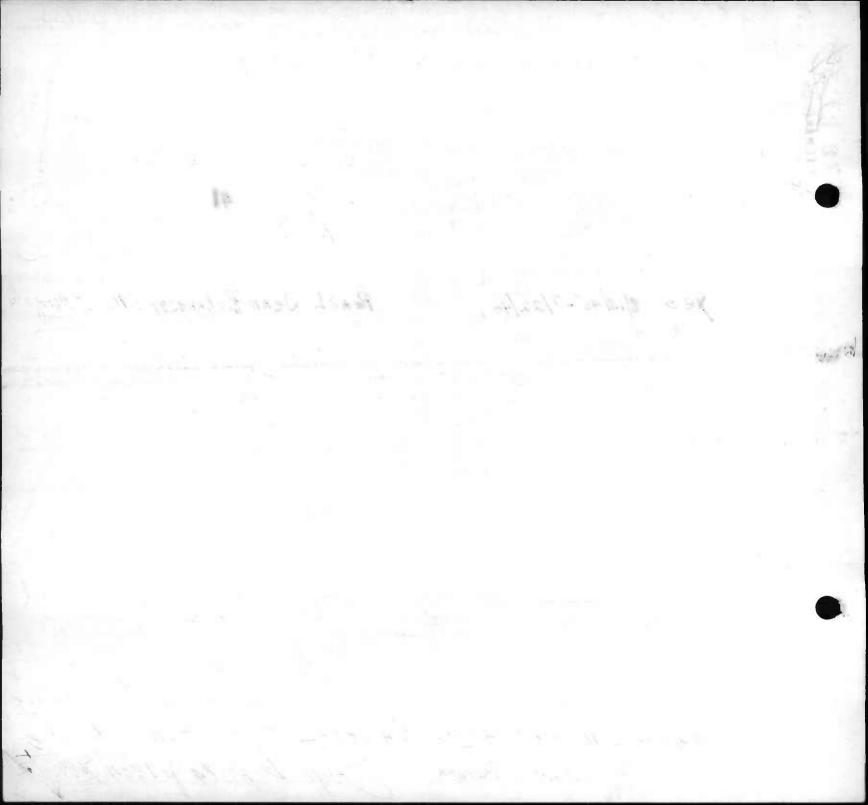
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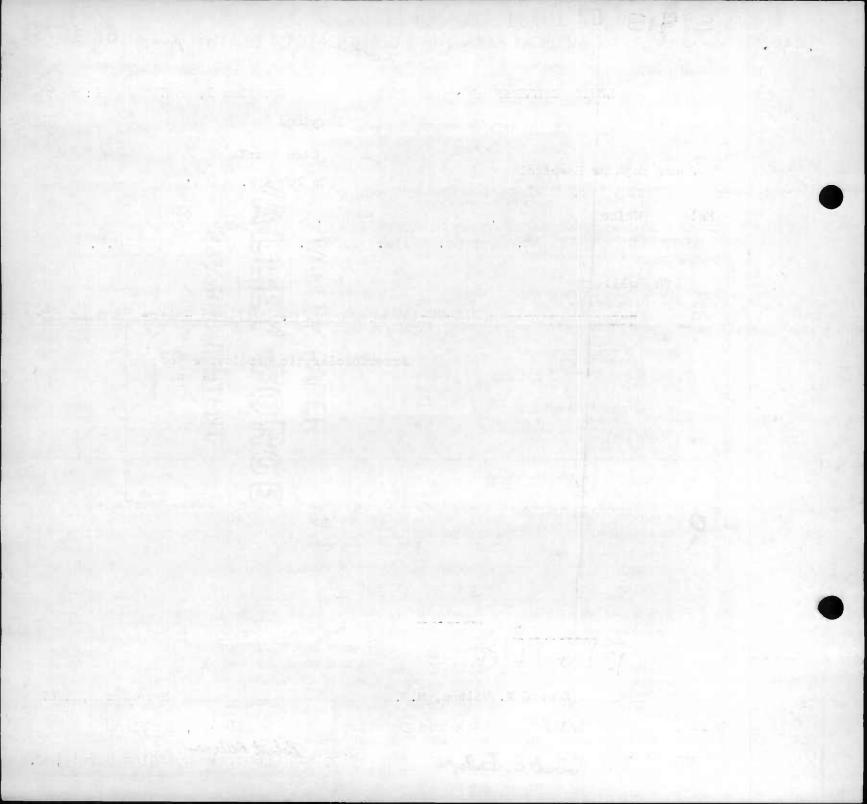
7-616 BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. ERTIFICATE OF DEATH death occurred in a hospital and t or contributing cause of death Undetermined cause; (5) Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo. 12 death. 3, PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where diceased lived. If in litution tesidence before admission) B. COUNTY ance A. STATE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 0 HomE MURSING prior D. STREET ADDRESS (If rurol, give location) regular mad 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. deceased Months Doys Hours WIDOWED, DIVORCED (specify) lost birthday a 0 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) 2 OUSEINI Mas 13. FATHER'S NAME the (4) WOH death uo O 15. Was Deceased Ever in U. S. Armed Forces ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance any pronounced 0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed o LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, 9 injury or complication which coused death.) regul ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving 3 rise to the above cause (A) stoting the physician remains UNDERLYING CONDITION lost, Was burns; ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. Body the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the O WAS PERFORMED before (2) where Ü 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DfD home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF he body was released to the hospital ° etc.) DEATH (notify medical examined any nature; MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At [ TAPPROXI and Work At Work 22. I certify that (1) (this hospital) ottended the deceased from 19 196 leath); that (1) (we) lost sow the deceased alive on .19 ond that in my) (our) opinion death occurred on the of hospital and hour ond from the couses stoted above. (1) (We) (did) (did not) view the body ofter deoth. An accident must 23A. SIGN ATURE 23 B. DATE SIGNED D Attending Phys. M.D. Med. Stoff 0 approval Director Phys. 13 8 prior 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) M.D. 4 shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) 0.0 REMOVAL (Specily) decease Was 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRE VS 150-REV. 1/1/65



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METH NO. 1  MAY CASE NO. 2  JEAN AND POLICATED TO DIGHT IN BAILHOOK, NAMITAND  JEAN AND FOUND OF DIGHT  MAY 1/2 and a state of the state of t		7 2/3	BALTIMORE CITY	HEALTH DEPARTMENT		67 10733
TRAME OF DECEASED	BIRT	1 NO. K-265 67 10	733 CERTIFICA	TE OF DEATH	Registered Na.	01 10100
The point of Death in Haltwork, Markian Death Sylvester William Recommendation of the point of t				2. DATE AND	HOUR OF DEATH	
JULI, NAME OF METAL DIE MANTE OF MATERIAND MAT			Sylvesten	11-7-67		1 4 M
ADDESS  The Johns Hopkins Hospital  The Johns Hopkins Hospital  See Acce Married Design of the Color of the C	3. P				deceosed lived. If institut	
The Johns Hopkins Hospital  D. STEET ADDRESS  S. George 22. AVE  S. SEE   S. RACE   S.	H	OSPITAL OR oddress or location)	tion, give streel			
The Johns Hopkins Hospital  5.112 St. George 2. Av.  Male C. Racce   Marticol   Marticol   State   State   State   Marticol   Martic	2-	2				21-10
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and haur and from the causes stated abave. (1) (Ne) (did) (did not) view the body after death.  23A. SIGNATURE    Sloff		22. I certify that (1) (this hospital) atten-	ded the deceased from	/ / _	1	
23A, SIGNATURE  Sley Mutte   Games   M.D. Attending   Med. Director   Stoff Phys.   1/7/67  23C. PHYSICIAN'S   NAME (Type)   23D. ADDRESS   23D. ADDRESS   M.D. Johns Hopking Hospital, Buttimore   24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, Igwin, or county)   Stote)   BALTO, NATIONAL   550/ FINANCIAL   Specify)   25D. ALE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   22GC. FUNERAL DIRECTOR   ADDRESS		that (1) (🍇) last saw the deceased alive	an	19 <u>4.7</u> and that	In (AC) (apiniar	death accurred on the date
Elizabeth H. Jausson M.D. Attending Med. Director Stoff Phys. 1767  23C. PHYSICIAN'S NAME (Type)  Elizabeth H. Jausson M.D. Johns Hopkius Hospital, Buttimore  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Town, or county)  REMOVAL (Specify)  BIRIAL MIDIAL Specify)  25F. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 225C. FUNERAL DIRECTOR DA ADDRESS		and haur and fram the causes stated aba	ve. (1) (We) (did) (did=ns+)	view the bady after death.	,	
23C. PHYSICIAN S NAME (Type)  23D. ADDRESS  E 1/2 ab & th H. J ausson M.D. Johns Hopkius Hospital, Buttimore  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Town, or county)  REMOVAL (Specify)  BALTO, NATIONAL 550/ FINANCIAL CREMATORY  25F. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 225C. FUNERAL DIRECTOR ADDRESS		23A. SIGNATURE			230	B. DATE SIGNED
23C. PHYSICIANS NAME (Type)  Elizabeth H. Jausson M.D. Johns Hopkius Hospital, Buttimore  24A. BURIAL CREMATION, 24B. DATE  PARTIE RECOUNTY  BALTON NATIONAL  25D. DATE RECOUNTY  25D. DATE RECOUNTY  25D. NAME OF REGISTRAR  25D. FUNERAL DIRECTOR  ADDRESS  A		Elen duth 7/0		lending Med. SI.	off Cys.	11/7/67
Elizabeth H. Jausson M.D. Johns Hopkius Hospital, Ballmore  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  BALTON HIDNAL 5501 FINALLIA Specify)  BALTON HIDNAL 5501 FINALLIA SPECIFOR ADDRESS  25F. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 225C. FUNERAL DIRECTOR ADDRESS			W/JUA.			2 (1
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BURIAL MIONT BALTO, NATIONAL 5501 FRENCH ADDRESS	24A		4C. NAME of CEMETERY OF ACE	11.70	CATION (City, to	awn, or county (State)
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	25	NOV 9 1967 P. S. NA	7P A	235. FUNERAL DIRECTOR	Parka WI	ADDRESS Protati
VS 150-REV. 1/1/65	VS	120000 -	H /	Marie De l	and the same	200 118 001/1/11





C-656		HEALTH DEPARTMENT	CT 10705
BIRTH NO.	10735 CERTIFICA	TE OF DEATH Registered No.	67 10735
M.E CASE NO.  1. NAME OF DECEASED  (TYPCREA)MER MARY HELEN		2. DATE AND HOUR OF DEAT	967   5:35 Am.
S. PLACE OF DEATH IN BALTIMORE, MARYI	institution, give street	A. USUAL RESIDENCE (Where deceased lived, If A. STATE 8. COUNTY MARY LAND	institution: residence before admission)
機能は AND CATON BALT I MORE MARYLAND		C. CITY OR TOWN (If outside city limits, write BALT I MORE 21230  D. STREET ADDRESS (If rurol, give location)	RURAL ond give townships
40		2129 ANNAPOLIS ROAD	
FEMALE WHITE	MARRIED, NEVER MARRIED WILDOWED, DIVORCED (specify) WARKIED Wildowed	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  66	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10 done during most of working life, even if retired)	DE, KIND OF BUSINESS OR INDUSTRY	POLAND	US A
BENJAMIN Paszkiew	vicz	14. MOTHER'S MAIDEN NAME  SKYRNAMSKIX Anna Skibins	ski
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of	of service) SECURITY NO.	17. INFORMANT 1 ST AGNES HOSPITAL W	ILKENS & CATON AV
DISEASE OR CONDITION DIRECT LEADING TO DEATH  (This does not meen the mode of disease of conditions of course of conditions of course of conditions of course of cours	lying, e.g., ne disease, eoth.)  (A) Rh (DUE TO DUE	in or about 21 C. WHERE DID (If in Boltim	I failure and
21D. TIME (Month) (Doy) (Yeor) (APPROX.)	(Hour) 21E, INJURY OCCURRED  While AI Not Whit At Work		VEMBER 8 , 67
22. I certify that (I) (this hospital) of that (I) (we) lost sow the deceased		67	pinion deoth occurred on the dote
Outes p.	7.0.2.	ending Med. Stoff Phys.	11 08 67
PABLO DIBOS,	M.D.	ST AGNES HOSPITAL WIL	KENS & CATON AVE.
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 11-11-67	Holy Rosary Ceme		City, town, or county) (Stote)  [aryland]

12. http://doi.org/10.1016/

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SELECTION CONTRACTOR SELECTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF

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	oe or Print) SE	CRIST BA	BY GIR	L Judith A	nn 2. DATE	AND HOUR OF DEATH	þm   N
3.	LACE OF DEATH	IN BALTIMORE, MA	RYLAND		A, STATE B. CO	UNTY	titution: residence before admission)
	FULL NAME OF	(If nat in hospital oddress or location	or institution, (	give street		orado outside city limits, write R	LIBAL and give towardin
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	46	MA	RYLAN	DINC.		(If rural, give location)	
					3430 W.	Bowles St.	
5. 5	F	RACE	WIDOWED	NEVER MARRIED ), DIVORCED (specify)	11 /7 /67	9. AGE (In years fost birthdoy) New born.	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min. 35
		NON (Give kind of work king life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	BALTIMOR	areign country)  E MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	14 F. Se	ECRIS		PATRICIA		
		er in U. S. Armed For		1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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	18.774	X 1		CAUSE	DF DEATH	Total Control	INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DIR	ECTLY		Page Timb	-	21/2 hours
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TIFICATION	other signification of the desired the des	abave cause (A) CONDITION last.  II ANT CONDITIONS C TH BUT NOT RELA ENDITION CAUSING I	ONTRIBUTING TED TO THE T.	(C)		No) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
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CAL CERTIFIC	OTHER SIGNIFIC TO THE DEADISEASE OR CO.  19A. DATE OF OIL  21A. ACCIDENT OR CONTRIBUTINDEATH (notify me of INJURY (APPROX.)  22. I certify the that (I) (we) In	abave cause (A) CONDITION last.  II ANT CONDITIONS C TH BUT NOT RELA INDITION CAUSING I PERATION 19B. CON WAS PERI WAS UNDERLYING CAUSE OF edicaf exominer)  Anoth) (Doy) (Yeor)  at (I) (this hospital st sow the deceose	ONTRIBUTING ONTRIB	WHICH OPERATION  PLACE OF INJURY (e.g., lee, form, foctory, street, of the street	20A. AUTOPSY? (Yes ar in ar about 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID ile 19 6 7 ond view the body ofter deat	No) 208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimare)  INJURY OCCUR?  that in(my) (our) opinith.	City, give exact locotion)
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MEDICAL CERTIFIC	OTHER SIGNIFIC TO THE DEA DISEASE OR CO 19 A. DATE OF OI  21 A. ACCIDENT OR CONTRIBUTIN DEATH (notify me 21 D. TIME OF INJURY (APPROX.)  22. I certify the that (I) (we) la and hour and fr 23 A. SIGNATURE  23 C. PHYSICIAN'S NAME (Type	abave cause (A) CONDITION last.  II CANT CONDITIONS CAUSING INDITION CAUSING INDITION CAUSING IN PERATION WAS PERIOD (CAUSE OF edicaf examiner)  Anoth) (Doy) (Year)  at (I) (this hospital st sow the decease rom the couses stated in the couse	CONTRIBUTING STATE TO THE TENT OF THE TENT	WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, of the property of the property of the property of the deceosed from th	20A. AUTOPSY? (Yes are in a about 21C. WHERE DID office bldg., INJURY OCCUR.)  21F. HOW DID ond view the body ofter decident of the body o	No) 208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimare)  INJURY OCCUR?  that in(my) (our) opinith.  Staff.  Phys.  Stoff fall, 730	City, give exact location)  11
MEDICAL CERTIFIC	OTHER SIGNIFIC TO THE DEA DISEASE OR CO 19 A. DATE OF OI  21 A. ACCIDENT OR CONTRIBUTIN DEATH (notify me 21 D. TIME OF INJURY (APPROX.)  22. I certify the that (I) (we) la and hour and fr 23 A. SIGNATURE  23 C. PHYSICIAN'S NAME (Type	abave cause (A) CONDITION last.  II ANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IN PERATION 198. CON WAS PERION (Doy) (Year)  Anoth (Doy) (Year)  Anoth (Doy) (Year)  At (1) (this hospital st sow the decease com the couses stored to the couse st	ONTRIBUTING ONTRIB	WHICH OPERATION  PLACE OF INJURY (e.g., lee, form, foctory, street, of the street	20A. AUTOPSY? (Yes ar in ar about 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID ile 19.6.7	No) 208. IF YES, WERE FIN CERTIFYING CAU  (If in Boltimare)  INJURY OCCUR?  19 67to	23B. DATE SIGNED 7/11/67.  Cashburton Shallman, or county) (Stote)

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VS 151-REV. 1/1/65

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 10737

M.E. CASE NO.							
1. NAME OF DEC	EASED					HOUR PRONOUNCE	
JOHN W. SMITH						ber 7, 1967	8:00 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESID A. STATE Maryl		deceosed lived. If instit	tution: residence before admission) NTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					e carparate limits, write	RUTAL and give township)	
/ Cinci Hespital			Balti			/ 10	
Sinai Hospital			745 S		eld Avenue		
5. SEX	6. RACE				Н	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male				4-26-1		lost birthday) 50	Months, Days, Haurs, Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRIBUTION most of working life, even if retired)			ST. LOU			12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAM	/ E			14. MOTHER'S M			
KO	RB ROOFERS			UNK.			
5. WAS DECEASE	D EVER IN U.S. ARMEI		16. SOCIAL	17. INFORMANT			ADDRESS
Yes, na or unknown	Off yes, give was or dot	es of service)	SECURITY NO.	Mrs. Hu	rlie S	mith 749	5 Springfield A
18. 33 /	Y		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO TH UNDERLYIN  OTHER SIGN TO THE DISEASE O	INTECEDENT CAUSE OR CONDITIONS, IF , E ABOVE CAUSE (A) S NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT RIR CONDITION CAUSIN OPERATION [198, CÖI	ANY, GIVING THE TATING THE CONTRIBUTIIS ELATED TO T		20A. AUTOPSY	/? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
Ö	WAS PE	RFORMED		Ye	s	IN CERTIFYING CAUS	ES OF DEATH?
UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., form, factory, street, o	in or about 21C. \ office bldg., INJUR	WHERE DID Y OCCUR?	If in Baltimare City, giv	e exact location)
21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yea		WHILE AT NOT WORK	WHILE	OW DID INJU	RY OCCUR?	Secular Mi
22. I cert	tify that I held an	Inquiry 🗌	Inspection Aut	apsy X an	d that an thi	s basis, death in m	y apinian
resul	ted fram: Natural co	uses X	Accident Suicide	e Hamici	ide 🗌 🛮 U	Indetermined manne	er 🗌
ACTUAL		1 6	2.2	CHIEF M	EDICAL EX		DATE SIGNED
SIGNAT EXAMIN NAME (	IER'S Werner	r U. Spi	tz, M.D.	ASSOCIATE N			11/7/67
23A. BURIAL CRE	MATION, 238 DATE	23	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	town, ar county) (State)
BURIAL	11-10		BALTO. NAT		- L	LTIMORE,	MARYLAND
24A. DATE REC'D	NOV 9 196		BE FOR		ON C D	VERMO EL II	ADDRESS
	,00	" VIOLER	U.S. JOLL, AJ	HORI	ON & D	YETT F.H.	1701 Laurens

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and (the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such a written approval must be obtained before the remains are embalmed or final disposition is made.
	### 3 8 3

	67 107	38 BALTIMORE CITY	HEALTH DEPARTMENT		67 10738
	No.		TE OF DEATH	Registered No	
1, NA	CASE NO.		2. DATE AND	HQUR OF DEATH	
(Type	or Print) Daise 1 5 11:	an)	11/4	5/10	10 10
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND	710	4. USUAL RESIDENCE (Where		stitution: residence before admission)
			A. STATE B. COUNTY	1	
II H€	ILL NAME OF (If not in hospital or institution, oddress or location)	give street	C. CITY OR TOWN (If outs)	a	URAL agangive township?
IN	STITUTION	1 Nursing	D 11.	0	UKAL aggregive fawnship)
Int	incoln Memoria	I looksing	D. STREET ADDRESS (If ru	rol, give location)	7.0-
	homa non C.	2011	12 2/ N.	. the ma	+ 0+
5. SE	X 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
0	WIDQWE	D, DIVORCED (specify)		ost birthday)	Months Days Hours Min.
100	MALE DEGLO MAJOR SUNT OCCUPATION (GIVE kind of work 10B, KIND O	IRRIEL	3/2/11/	50	
	during most of working life, even if retired)				12. CITIZEN OF
	Laundress	Laundry	, VIIE	ginia	0 0 4
13. F.	ATHERS NAME		14. MOTHER'S MAIDEN NAM		
	Beverly Lewis		100 N= 11 10	Annie	
	os Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes,	na arunknown) (If yes, give wor or dotes of service)	SECURITY NO.	S. 1	7	
	NO	216-30-9095	Mrs Eva Sink	der, sa	ame
	8. 17/X I	CAUSE O	F DEATH		ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		- E /	O	
	This does not mean the made of dying, e.g.	(A) C	incer of (	JERVIX	
	heart failure, asthenio, etc. It means the disease				
	njury or complication which caused death.)	(8)			
	ANTECEDENT CAUSES	DUE TO	**************************************	*****************	
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) slating the				
	UNDERLYING CONDITION lost.	(6)	====00000==00000=00=00000=0==0=========		
	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	IG			
	DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	9A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
ا بـ اا	OR CONTRIBUTING CAUSE OF hos	B. PLACE OF INJURY (e.g., in me, form, factory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	.)			
	D. TIME (Month) (Doy) (Year) (Hour) 211	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
11 > 1	A PRECY I	hile At Not While	e		
			. 3	(7)	- 17
11	2. I certify that (I) (this haspital) attended	.1		67 10 11 -	
	hot (I) (we) lost sow the deceased alive on		*-d	in (my) (our) opin	nion deoth occurred an the dote
	and hour and from the couses stated above. (	(I) (We) (did) (did not) v	iew the body ofter deoth.		
2	3A. SIGNATURE				23 B. DATE SIGNED
	John Juntonel	M.D. Atte		hys.	
2	3C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	~	1
	Horas Devis	TRIVE M.D.	5519 KENNIS	ind the	Port Del
24A.		AME of CEMETERY or CRE		CATION //Cir	, and
	EM9'AT (Specify) 11/10/67 M	t Calvary Ce	metry A	A County (Cit	Md (Stole)
25A.	DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR	A Halstead	1206 W	North A e
	NOV 9 1967 (2. 0. 1	+ 2 Fallwar		2200 W	MOTOII W. G
V\$ 1	50-REV. 1/1/65		7 6 11		

home IT n. Coung Sh. 13 26 Noeth Mount 6th 3/21/7 50 Formale Magical La King to In Mrs Eva Sinkler , same Concer of Ceasix e7 11-5 the James In S. Some In the Mary In

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY HEALTI			67 10000
BIRT	1 NO. 67 11	739 CERTIFICATE C	E DEATH	Registered No	07 10/39
	CASE NO.	100 CERTIFICATE C			
	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	3/0 / 500
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	OWARD HINK	AL RESIDENCE (When	e deceosed lived. If in	stitution: residence before odmission)
		A. STA	W ./	/	
-	ULL NAME OF (If not in hospital ar institu OSPITAL OR address or location) ISTITUTION		OR TOWN (If out:		URAL and live township)
	ISTRO HON		Balti	mono	Small our O silve
	9 11: 0	D. STRI	ET ADDRESS (If	urol, give location)	
	tranklin Konone	Hopt 2.	32 5. 1	tricker.	St.
5. S		RIED, NEVER MARRIED  OWED, DIVORCED (specify)  B, DATE	OF BIRTH	ost birthdoy)	onths Doys Hours Min.
4	male white.	married 6-	14-94	73	
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY 11. BIRT	HPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	0 45 10 1 11	ouse M	1 a Dullana		11 0 1
13. 1	ATHERS NAME		THERS MAIDEN NAM	A E	4. SA.
		- W	, 0		
	LOUIS HINK	L. L.	-ADON	AZLL	-15
15. V	Vas Deceased Ever in U. S. Armed Farces? no ar unknown) (If yes, give war ar dates of serv	16. SOCIAL 17. INFO	RMANT,		ADDRESS
ý	£3 W. W. T	215-09-2952	Chart	Record	
1	18. 2 2 / 1	CAUSE OF DEATI	1	- Cola	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	12 1/	1		
	(This does not mean the made of dying,	e.g., DUE TO	_/		
	heart failure, osthenio, etc. Il meons the dis injury ar camplication which coused death.)	eose,			
		(B)	•		
	ANTECEDENT CAUSES	DUE TO		A de A de A de A de	
	DISEASES OR CONDITIONS, if any, g				
	rise to the above couse (A) stating UNDERLYING CONDITION last.	the (C)			
	- 11				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIB	LITING			
ATION	TO THE DEATH BUT NOT RELATED TO				
O O		FOR WHICH OPERATION 20A.	AUTOPSY? (Yes or No	208. IF YES. WERE F	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED		20	IN CERTIFYING CAL	USES OF DEATH?
ü	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in ar about home, form, foctory, street, affice bldg.	21C. WHERE DID	(If in Boltimore	City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	, INJURI OCCUR:		
	21 D. TIME (Month) (Doy) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
WE	OF INJURY	While At No! White	The state of the s	JAI GCCGA.	
	(APPROX)	Work At Work			
	22. I certify that (I) (this haspital) otten	ded the deceased fram	-28 1	9 67 to 1	11-17 1960.
	that (I) (we) last sow the deceased alive	on $1/1-1$	1110		nion death accurred an the date
		0 0	- /		mon death decented an me yare
	and hour and fram the causes stated also	ye. (1) (We) (did) (did nat) view the	bady/after death.		
	23A. SIGNATURE				23B. DATE SIGNED
	7/1	M.D. Attending Phys.	Med. Director	Stoff Phys.	11-7-67
	23 C. PHYSICIAN'S	23D. ADI	DRESS	7	
	NAME (Type)	Lee M.D.	Franklin.	Lougas	Hospital
24A		C. NAME OF CEMETERY OF CREMATORY	24D. LC	CATION (Ci	ly, town, or county) (State)
,	REMOVAL (Specify)	1. 1. 10 1.1	to a	15.	//
	Buriol 11/1967 Fondow Port Cometer Baltimine M seerlend				
25 A	DATE REC'D BY HEALTH DEPT. 1258 NA	tower Jan Lalem	FUNERAL DIRECTOR	umure, M	anglesse!
25A	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR 25C.	FUNERAL DIRECTOR	element, M	ADDRESS + Si
		HOUSE FORM SOLM 25C.  Let E. Farma U	FUNERAL DIRECTOR	al Home Pro	ADDRESS WHY Stricker Sts

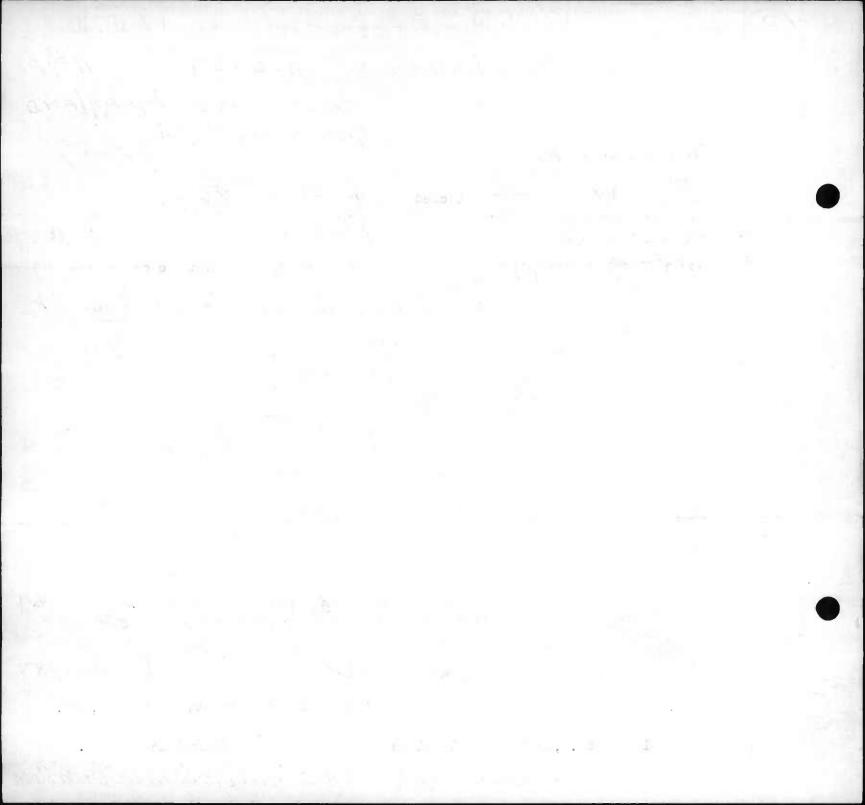
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t in the Sinday But have a selection display

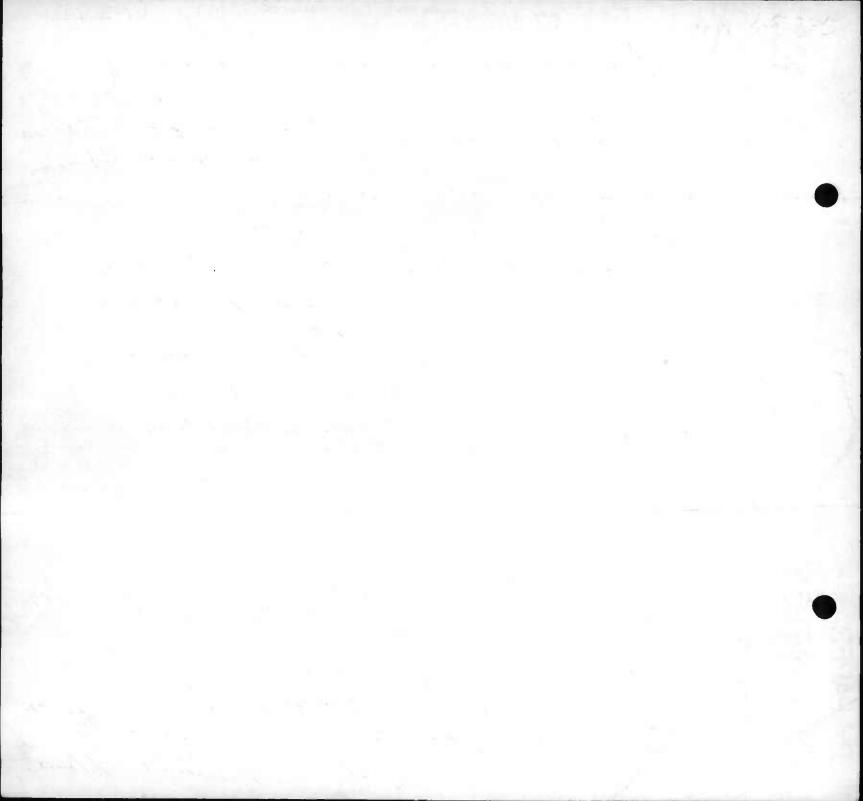
... With Turnet Home Gott of Turner St.

•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be appraved by the chief medical examiner ar his assistant if death occurred	the chief medical examiner	ar his assistant if death occurred
the body was released to the haspital by a medical examiner. Alsa, if the direct or contributin	tal by a medical examiner.	Alsa, if the direct or contributin
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined c	;; (2) Body burns; (3) A fractur	e af any kind; (4) Undetermined c
was D.O.A. at a hospital (except where the physician wha pranaunced death was in regular a	here the physician wha prai	naunced death was in regular a
deceased priar to death); and (6) No physician was in regular attendance an the deceased pri	lo physician was in regular	attendance an the deceased private

do	67 10740 BALTIMORE CITY HEALTH DEPARTMENT
DED OF	BIRTH NO. CERTIFICATE OF DEATH Registered No.
an ase th th	M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)
of ded Of ded Deceas e on t	Type or Print) HILL MRS LAURB S 11-6-67 11. P.M.  3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
	A. STATE B. COUNTY
₹ 8 0 B	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or locotion)  C. CITY OR TOWN (If outside city limits, write RURAL and give fownship)
Se as to to	100 W. 40 B St.
d ing cat	Mesurck D. STREET ADDRESS (If rural, give location)
ibut ned p d p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
T L L	WIDOWED, DIVORCED (specify) 4-21-8/ ost birthday Months Doys Hours Min.
E 0 # _ 0 E	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
B - D - B -	Housewife MARYLAND 2.5.a.
if derect o (4) Un was the spasit	13. FATHER'S NAME
25 25 5	George! Siegel Yunkraum Lena Konow
the d kind deat deat nce a	15. Was Deceased Ever in U. S. Armed Farces? (Yes, no arunknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  220-44-5520J.  17. INFORMANT Levelle R.D. Kuseurck
s as any ced ndar	18.450,0   CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
hisa, af c unc ten ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  SUPERIOR TO DEATH
ure ana alm	(This does not mean the made of dying, e.g., heart failure, asthenio, etc. II means the disease,
iner act pre ular mbc	injury or complication which caused death,)
mimimi mi fr fr	ANTECEDENT CAUSES  (B)  DUE TO  DISEASES OR CONDITIONS, if ony, giving
exe exe (3) / n w in r	rise to the above cause (A) stating the (C)
ical ical ician as i	UNDERLYING CONDITION last.
medic burn physi an w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chief a n Body the p ysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2 - E -	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
+ 5 0 0 0	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg., INJURY OCCUR?
haspite nature; ept wh d (6) No	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Work At Work
Part Con do	22. I certify that (I) (this hospital) attended the deceased from Qua. 25, 1960 19 to 1957,
호수수교준회	that (1) (we) last saw the deceased alive an warmen of 19.6.7 and that in (my) (aur) opinion death accurred an the date
be ed	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE
3 do de E	W. Graff Lorsher and M.D. Attending Med. Stoff Phys.   Greater 6,1967
E 0 0 7 + 0	23C. PHYSICIAN'S 23D. ADDRESS
y was r (1) An a 3.A. at d priar approv	W. Grafton Hersperger M.D. 700 West 40th Street, Baltimore, Md.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
ws: (ws: (bod)	Burial Nov.9,1967 Bruid Ridge Pikesville Md.
This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR
4 0 > 0 >	NOV 9 1967 Report E. tarkey M.N. Lickney & Sono Hortley Sa. Lees



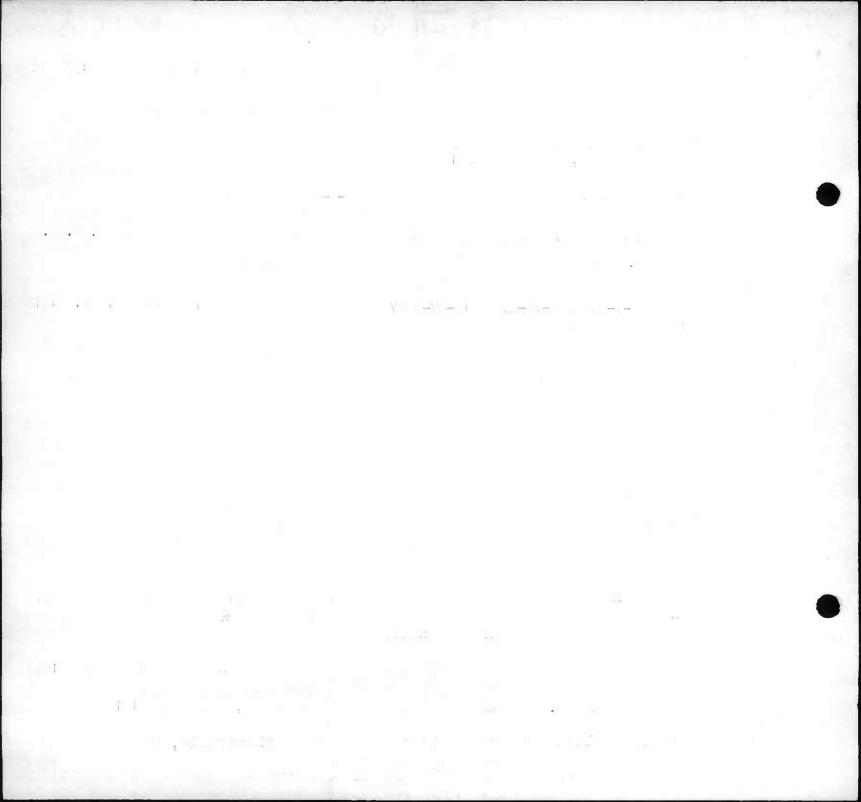
	CT 11	BALTIMORE CITY	HEALTH DEPARTMENT		67 10741
	rh No. 67 10	CERTIFICA	TE OF DEATH	Registered Na.	
1.1	E. CASE NO.  JAME OF DEOFASED  pe or Print)	1 d	O 2. DATE AND	HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MARYLAND	a John	14. USUAL RESIDENCE (Where	deceosed lived. If in:	M. stitution: residence before admission)
			A. STATE B COUNT		. 000
11	FULL NAME OF (If not in hospital or institution oddress or location)	37	C. CITY OR JOWN (If outs	de city limits, write R	RURAL ond give township)
	0 16.00	luksing	10411	IMOE	e 52-00
			4 134	all MA	
5.		WED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	N. USUAL OCCUPATION (Give kind of work) 10 B, KINE to during most of working (ife, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	100	14. MOTHER'S MAIDEN NAM	1	
1	Intry //c	10152	HIEALI	4 /61	LOHE
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT	7	ADDRESS
	146		-fame	14 V.	4 ME
	18. 443XI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	in ha	A COURT PROPER	pal Hen	20011415
	(This daes not mean the mode of dying, heart failure, asthenio, etc. It means the dise		DISIUS CEARE	K. 51	. U - W - V - M
	injury or camplication which coused death.)	(8) 14	M M GOG EN-11WI	MATERIA	-
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given	/	J. J. GAT EM J. W.		
	rise Ia Ihe obave cause (A) stating UNDERLYING CONDITION last.	the (C) 50	Engo in CARDI	- Unleur	0.4
	II		MISENEE -		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFICA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE F	
AL C	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
EDIC	OF INTILLEY	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Work Not Whi At Work			
	22. I certify that (1) (this hospital) attend	ed the deceased fram	10//	967 10 //	nian death accurred an the date
	that (I) (we)-last saw the deceased alive	/ / /	*	t in (my) (o <del>ve)</del> api	nian death accurred an the date
	and haur and fram the causes stated abov	e. (I) ( <del>We)</del> (did) (di <del>d not</del> )	view the bady after death.		
	23A. SIGNATURE		ending Med.	Stoff	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	Phy Phy	23D. ADDRESS	Phys. 🗀	1//1/67
	NAME (Type)	M.D.	5800 Enmai	an see Avin	BAITTE
24	A. BURIAL REMATION, 248. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION	ity, town, or county) (Slote)
	11/13/67	6/EH A	nethe	1 Das	to.
25.	,	ME OF REGISTRAR	25C FUNERAL DIRECTOR	- The	ADDRESS.
1/5		62. Falluna	W. well	Jeken	e House
۸.2	150-REV. 1/1/65		3		



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1 19	- (20°)	11
4		

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and if the direct or contributing cause of death ıny kind; (4) Undetermined cause; (5) Deceased shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any Also, the body was released to the hospital by a medical examiner.

		OPY LON	BALTIMORE C	ITY HEALTH DEPARTMENT	0	7 10840
BIRTH N	0.	67 107	42 CERTIFIC	CATE OF DEATH	Registered No. 6	/ 10742
M.E. CA	SE NO. FOR DECEASED			2. DATE AN	D HOUR OF DEATH	
(Type or	Print) WOOD, Wi	lliam Oscar		8 Nov	rember 1967	6:55 A M
3. PLAC	E OF DEATH IN BALTIA				e deceased lived. If institut	tion: residence before odmission)
HOSP	ITAL OR oddress	n hospital or institution location)  ADMINISTRA	on, give street	C. CITY OR TOWN (If outs	KLTIMORE CITY side city limits, write RURA	L ond give township)
2	3900 LOC	H RAVEN BOU	ILEVARD	DALITIVORE	ural, give location	-06
5. SEX	6. RACE	7. MARRI WIDO	ED, NEVER MARRIED WED, DIVORCED (specify)		ost birthdoy)  68	Under 1 Yr. If Under 24 Hrs.
			OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreig		CITIZEN OF
LAB	ORER (INSPEC		ER INDUSTRY	MA RYLAND		WHAT COUNTRY?
	LIAM E. WOOD			BERTHA BUSSE		
15. Was	Deceased Ever in U. S. or unknown)(If yes, give	Armed Forces?	1 6. SOCIAL e) SECURITY NO.	17. INFORMANT HOSPITA	L RECORDS	ADDRESS
YES		TO 2-15-43	212-07-5047	2000 TOCH PAIN		MORE, MD. 21218
1B.	7-1-42	10 2-13-43		OF DEATH		INTERVAL BETWEEN
1	DISEASE OR COND	ITION DIRECTLY				ONSET AND DEATH
	LEADING TO		B	en ala en en e	0. 0.110	Ylak
heo	s does not mean the of foilure, asthenia, etc. my or complication which	Il meons the disea		ionalogue (		
	ANTECEDENT	CAUSES	(B)	. www.a.e0.a.wow.ww.www.0a.0a.a.a.000a.aa.aa.aa.0a.aa.aa.aa.a.000.o.o.o.o		***************************************
DIS	EASES OR CONDITION	ONS, if any, giv				
rise	to the obove co	use (A) sloling			***************************************	
UN	DERLYING CONDITION	N losi.				
NO THE	HER SIGNIFICANT CONT THE DEATH BUT	NOT RELATED TO	TING THE			
	DATE OF OPERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
U 21 A. OR	ACCIDENT WAS UND CONTRIBUTING CAU	SE OF	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	g., in or obout 21C, WHERE DID NJURY OCCUR?	(If in Boltimore Cit	y, give exact lacotion!
O 21 D.	· TIME (Month) (Do	y) (Yeor) (Hourl	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	PROX.)		While At Not V			
22.	I certify that 20 (this	hospital) attende	d the deceosed from	29 MAR 1	9 67 to 8 NOV	EMBER 19 67
thot	(we) last sow the	deceased alive a	n 8 NOVEMBE	R 19 67 and the		deoth occurred an the dot
		uses stated above	· ME) (We) (did) MEDEXDED	K view the bady ofter deoth.		
23A.	Donne	cotta	els D. M.D.	Attending Med. Phys. Director	21-12	8 NOVEMBER 1967
23 C.	PHYSICIAN'S NAME (Type)			23D. ADDRESS	H RAVEN BOUTE	
		ET. C. HADLO	CK M.	D		21218



IMPORTANT FUNERAL DIRECTOR: Such

and

BALTIMORE CITY HEALTH DEPARTMENT 67 10743 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARTLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C, CITY OR JOWN (If outside city limits, wite and give towaship INSTITUTION 1 more D. STREET ADDRESS (If Jural, give location ahe made 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH 1 Yr. If Under 24 Hrs. 6. RACE 9. AGE (In years If Under Months Doys Hours WIDOWED, DIVORCED (specify) lost birthde 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE ISTAL 12. CITIZEN OF foreign disposition WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 7. INFORMANT final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY MEDFIELD INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stoting the the remains UNDERLYING CONDITION losi. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) 218. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? etc.) DEATH (notify medical examined) MEDI obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above (We) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Phys. Z Staff Phys. Director _ approval 23C. PHYSICIAN 23D. ADDRESS NAME (Type HOSPIZ F. HOLCOMB JR. MD. DR. HARRY UNION MEMORIAL M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) Burial

of death Undetermined cause; (5) Deceased HO hospital death. ance cause attend 0 prior contributing occurred regular deceased death = 0 SID the <u>4</u> 3 death FO kind; attendance any pronounced or his of fracture the chief medical examiner examiner. regular who 4 3 physician Was medical burns; physician Body the O by 3 ere to the hospital ° ¥ nature; approved by 9 (except and any leath); of hospital the body was released An accident O 0 ō prior at ceased D.0. 7 St. Mary's Hampden 3900 Roland shows: Was 25A. DATE REC'D ŏ VS 150-REV. 1/1/65

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VS 150-REV. 1/1/65

	BALTIMORE CITY HE	ALTH DEPARTMENT
2	BIRTH NO.  M.E. CASE NO.  67 10744 CERTIFICATE	OF DEATH Registered No. 67 11744
	1. NAME OF DECEASED (Type or Print) KATHERING RYDZEWSKI	2. DATE AND HOUR OF DEATH 4: 12 P. H.
	A.	USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE B. COUNTY AA A
	HOSPITAL OR Oddress or location)  INSTITUTION  (If not in haspital or institution, give street oddress or location)	CITY OR TOWN (If outside city limits, write RURAL and give township)
-	CHURCH HOME & HOSpi M2	STREET ADDRESS (If rurol, give locotion)
	BALTO, Md.	1723 ALPOE ANNA ST. 21231
s made		ATE OF BIRTH  1-4-1893  9. AGE (In years   15 Under 1 Yr.   16 Under 24 Hrs.   Months   Doys   Hours   Min.   Min.
disposition	10A. USUAL OCCUPATION (Give kind of work)  done during most of working lite, even if retired)  HOWSE W. FE	? BALTIMORE ND . WHAT COUNTRY?
pos	? ANTHONY PRZYBYSZ	MOTHER'S MAIDEN NAME
dis	III D. Was Deceased rack to O. T. William Loices: It of 200 INC.	PILACHOWSKI
final	(Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.  217-22-992111	PATIFUT 2102 E. PRATT STREET
or f	18. / 5 3, 0   CAUSE OF DI	
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CTIDAL CARCINOMATORIS 3 MOS OF MG
almed		
emp	injury or complication which caused death,)  ANTECEDENT CAUSES  (B)  (B)  OUE TO	ARCINOMA OF CECUM
are	DISEASES OR CONDITIONS, if ony, giving	**
	rise to the above couse (A) stoting the (C)	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office	obout 21 C. WHERE DID (If in Boltimore City, give exact location)
ained		21F. HOW DID INJURY OCCUR?
btair		
pe op	that (1) (we) lost sow the deceased alive an 11-9-67	ond that in (my) (our) apinian deoth accurred an the date
must	and hour and fram the causes stated above. (1) (We) (did) (did nat) view 23A. SIGNATURE	the bady after death.
E .	Variando M I weson M.D. Attending	Med. Director Phys. P 11-9-67
pprove	23C. PHYSICIAN'S NAME (Type)	ADDRESS (125 and 125 a
app	240, MAINE OF CENTETERS SELECTION	1942 240. LOCATION (City, lown/or county) (Slote)
9	BURIAL 11/13/67 ST. STANISLAL	BALTIMORE, Md
writt	25A. DATE REC'N UV 10 1967 (SB. NAME OF REGISTRADEUM	Leorge Q Weber 705 S. ANN ST

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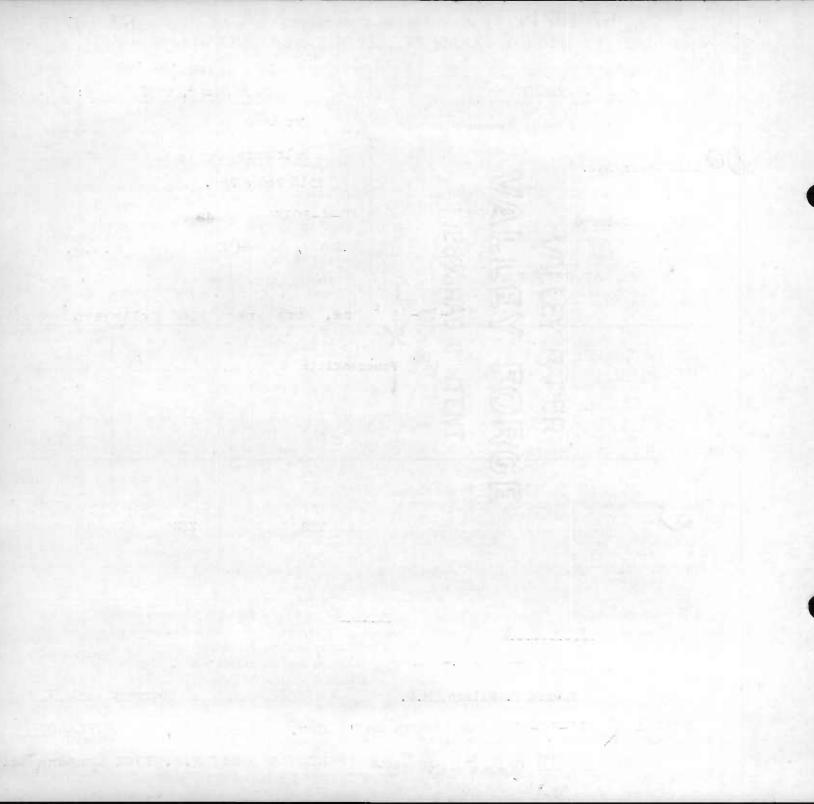
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in your 1/13/69 - ST STANISCALS LOAD TIMESE AND

Shory El Welen Mrs S. ANN ST

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD JOHN' JEFFERSON November 8, 1967 8:40 а м. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Baltimore D. STREET ADDRESS (If rural, give location) 1510 Penna Ave. 1510 Penna Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min. WIDOWED, DIVORCED(specify) DIVORCED 10-4-1919 Male Colored

10A, USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF done during most of working life, even if refired) WHAT COUNTRY? BELTON, SOUTH CAROLINA U.S.A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME THOMAS JEFFERSON UNKNOWN 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SO CIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212-16-8405 Mrs. Vera Gray 1005 Arlington Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pancreatitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS MEDICA UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. etc.) 21D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE (APPROX.) m. WHILE AT 22. Inspection Autopsy X I certify that I held on Inquiry and that on this basis, death in my opinion resulted from: Natural couses X Undetermined monner Accident Sulcide Hamicide ___ CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE. EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Edward F. Wilson, M.D. November 8, 1967 23A, BURIAL CREMATION, 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) BURIAL 11-13-67 BALTIMORE NAT'L CEM. BALTIMORE. MARYLAND 24A, DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS



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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. hospital and use of death (5) Deceased Such on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) ames a hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution: residence ance A. STATE B. COUNTY COUSE Marylan (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN , (If outside city limits, write RURAL and give township) canse; attend 10 INSTITUTION mo = prior contributing D. STREET ADDRESS (If rural, give location) Maryland General occurred (4) Undetermined is made regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdoy MATTIRA 32 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) = U.S.A WONE MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Balland Val death no kind; 15. Was Deceased Ever in U. S. Armed Farces? (Yes,no or unknown) (If yes, give war or dates of service) 17. INFORMAN ADDRESS 6. SOCIAL final SECURITY NO. attendance atian 213-32-821 any pronounced 10 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease, regular injury or complication which coused death.) ANTECEDENT CAUSES who DUE are DISEASES OR CONDITIONS, if any, giving 3 rise to the obove couse (A) stating the physician UNDERLYING CONDITION lost. remains burns; Was OTHER
TO THE
DISEASE OR COIN.
19A. DATE OF OPERATION
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)
(Month) (Doy) (Yer OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION the WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where Boltimore City, give exoct locotion) the hospital °Z etc. any nature; approved b obtained (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except While At Not While Work and 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) last sow the deceased alive an ond that in (my) (our) opinion death occurred on the date of hospital eat ond haur ond fram the couses stated above. (1) (We) (did) (did not) view the bady ofter deoth. the body was released must accident 23A. SIGNATURE 238. DATE SIGNED certificate must 0 Attending Phys. Med. M.D Stoff 0 Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) An LIAM D.O.A. 24A. BURIAL CREMATION. 24B. DATE 24C, NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION (Stote) REMOVAL (Specify) written shows: em Mas 25B. NAME OF REGISTRA 25A. DATE REC'D BY ADDRESS 25C. FUNERAL DIRECTOR ਰ V\$ 150-REV. 1/1/65

they and beared bery it Triga Nitaritan Nina karratti in 111 26. 51-21-4 - which had Acres Berland The state of the state of of the sand Road - house Limite last allert -11 13 74-08 2-48 10/4 11 Some Miller Miller Miller Miller from the Michael Durth + + 1701 from M

Marchaelander Merchel

W. 436 BIRTH NO.

67 10748 BALTIMORE CITY HEALTH DEPARTMENT

-0.10					U MY	E Carrie
<b>MEDICAL</b>	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH Registered N	5/	1074

M.E. CASE NO.	77120		William VEICO C		DI DE/XIII	
I. NAME OF DE	CEASED			2, DA	TE AND HOUR PRONOUN	CED DEAD
(Type or Print)	CIVDE II UA	ו ייידייי דו			November 7, 19	67   10:24 pm.
3. PLACE IN BAL	CLYDE W WA	HERE PRONOL	INCEP DEAD	4. USUAL RESIDENCE	Where deceased lived. If in	stitution; residence before admission)
BRAN	F HE-NOT IN HOSPE	AMI	JIION, GIVE STREET	Maryla		Balla, Co
HOSPITAL OR	ADDRESS OR LOC		11-22-57	C. CITY OR TOWN	l outside corporate limits, wri	ite RURAL and give township)
				TR.	altimore	53-00
3 Jugar	ital, Johns	Hopkins		D. STREET ADDRESS		
liosp	Julius	Hoberns		97/2 M	otron Pd	
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	atzon Rd. 9. AGE (In years	Months, Doys, Hours, Min.
Wal.	771- 4 4 -	8/10 3	ani ad	Nov. 23,	7010	7411.
IOA. USUAL OCC	CUPATION (Give kind of wo	k TOB, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF
Solo	working life, even if relifed)	U.	S. Army	Baltimor	re Maryland	WHAT COUNTRY?
3. FATHER'S NA			,	14. MOTHER'S MAIDEN		
Cl	aude Walte	r Clyde	W. Walters S	. Barbara	Hockenberry	
5. WAS DECEAS	ED EVER IN U.S. ARME	FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS
Yes no or unknow	n) (If yes, give wor or dot	es of service)	218 44 5047	Records	II Q Anma	
les			210 44 704	Records	U. S. Army	
18.	19.4		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	ASE OR CONDITION D	RECTLY				
	LEADING TO DEAT	1	(A) Mult	iple traumat	ic injuries	
heort foilur	not meon the mode o e, osthenio, etc. It meon omplication which coused	the disease.	DUE TO		<b>3</b>	
Injuly of Ci	omplication which coused	deoin.				
	ANTECEDENT CAUSE		(9)			
DISEASES RISE TO TH	OR CONDITIONS, IF	ANY, GIVING	DUE TO	**		
UNDERLY	ING CONDITION LAST.	TA III O THE				
8			(C)			
OTHER SIG	II  SNIFICANT CONDITIONS	CONTRIBUTIO	10			
O THE	DEATH BUT NOT RE	LATED TO T	HE			
DISEASE O	OR CONDITION CAUSIN		WHICH OPERATION	TOO A ALITOBEVA /V	- N-1 200 IF YES WERE I	THIRDINGS CONSIDERED
OTHER SIGN TO THE DISEASE (		REPORMED	WHICH OFERATION	20A. AUTOPST? Ties	IN CERTIFYING CAL	
	AL CAUSE WAS	21.8	DI ACE OF INITIBY	YES	YES	0
UNDERLYING	TOR CONTRIB-	home etc.)	, form, foctory, street, o	ffice bldg. INJURY OCC	DID (If in Boltimore City, UR?	
E CAL	USE OF DEATH.	erc _a /	Street	Bird	River Grove Ro	d. 5500ft. E. of
21D TIME OF INJURY	(Month) (Doy) (Yes	or) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	Ebenezer Rd.
(APPROX.)	11 7 67 9	:57 p m. V	WHILE AT NOT	ORK X Subje	ct driver in a	uto-fixed object co
22.				CVE		
I ce	rtify that I held an				an this basis, death In	
resu	ilted fram: Natural co		sccident X Sulcid	e Hamicide	Undetermined man	ner
	. 71 1	11 1			AL EXAMINER	DATE SIGNED
SIGNAT		アナーアノ	M.D.	ASSISTANT MEDIC	AL EXAMINER A	DATE STORED
EXAMI				ASSOCIATE MEDIC	AL EXAMINER	
NAME	(Type) Edwar		son, M.D.		N	ovember 8, 1967
REMOVAL (Speci		23	C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION (Cit	y, town, or county) (Stote)
Buri		13,196	7 Balto N	lational	Balti.mc	re Md.
	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR			
	NOV 1 0 1967	000	6 E. Farkuma		COUNTY FUNE	CRAL
		4000	4 0, 1000			Ellicott City
VS 151-REV. 1/1	/65 /	17	Sign	zdzinski Fune	ral Home, 1407	Eastern Ave.
	1 0 0 /1	9661	J 10 10 10 10 10 10 10 10 10 10 10 10 10			

V.S. 153 11-22-6? M.H.

BIRTH NO 67	22379 67 1	0749		HEALTH DEPARTMENT		67 10749		
M.E. CASE NO.			CERTIFICA	TE OF DEATH	AND HOUR OF DEATH	20, 10		
(Type or PrinBA	BY BOY Teddy		ATKINS	NOV	EMBER 8, 19	67   8:30 P		
STL AGN	ES HOSPITAL S ANDICEATON ORE MARYLAN	or institution,		MARY LAND C. CITY OR TOWN BALT I MORE D. STREET ADDRESS	OUNTY	RURAL and give township)		
5. SEX	6. RACE	7. MARRIED, WIDOWE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.		
MALE	WHITE	NEVE	R MARRIED	10/30/67		Months Days Hours Min.		
	CUPATION (Give kind of work f working life, even if retired) D	10B, KIND OF	BUSINESS OR INDUSTRY	MARY LAND	fareign country)	12. CITIZEN OF WHAT COUNTRY?		
TALBOT	1.14 2014 1115	JR.		CLARK, S	OPH IE			
15. Was Decease Yes, no ar unknow	d Ever in U. S. Armed Far (If yes, give war ar date	ces? s of service)	1 6. SOCIAL SECURITY NO.		kins - 306 18	th Ave.  LKENS & CATON A		
	SE OR CONDITION DIL		CAUSE O	- on eliop	nemina	INTERVAL BETWEEN ONSET AND DEATH		
heart failure	(This daes nat mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES							
rise to t	OR CONDITIONS, if the above cause (A) IG CONDITION last.		(C)					
TO THE	DEATH BUT NOT RELA CONDITION CAUSING	TED TO TH	G E					
19A. DATE C	F OPERATION 198. CON WAS PER		WHICH OPERATION	YES	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIE	ENT WAS UNDERLYING DEPORT OF CAUSE OF y medical examiner	21 B. hom etc.	PLACE OF INJURY (e.g., i ne, form, factory, street, a	n or about 21 C. WHERE DI	D (If in Baltima	re City, give exact lacation)		
21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)			е	INJURY OCCUR?			
thaXX (we	22. I certify that (1) (this haspital) of other ded the deceased from OCTOBER 30 1967 to NOVEMBER 9 1967  that (2) (we) lost saw the deceased alive an NOVEMBER 9 1967 and that in (aur) apinion death accurred on the date and haur and from the causes stated above. (We) (did) (We) (did) (We) (view the body after death.							
23A. SIGNAT	he South	in	M.D. Att	ending Med. S. Director	Stoff Phys.	NN 9 67		
23 C. PHYSICI NAME	ESTHER ED	ERY	M.D.	23D. ADDRESS ST AGNES HO		ENS & CATON AVE		
Burial	11/1	0/67	Baltimore Nat	11.	Baltimore,			
25A. DATE REC'	BY HEALTH DEPT.	D D	OF REGISTRAR	25C. FUNERAL DIRECT	D 4101 Ed	address mondson Ave.		
VS 150-REV. 1/1	/65	Moder			· ve - whom he	THOUSENED II ALVO		

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THE ASING MINISTER STATE OF THE STATE OF THE

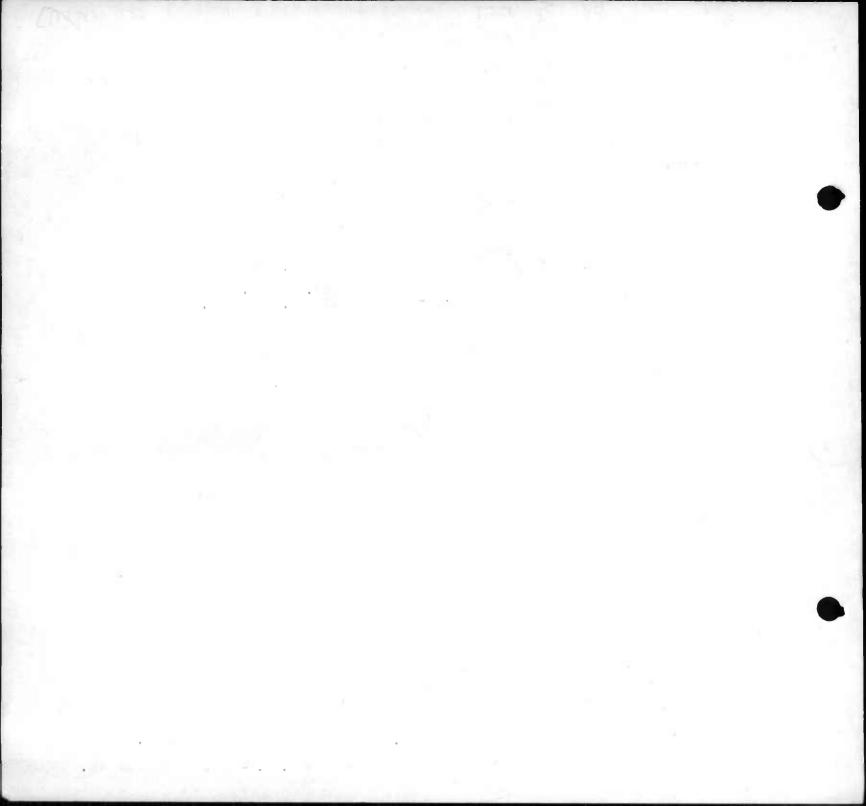
and the second of the second

5.175

Tall Tall Control Cont

This certificate must be approved by the chief medical examiner or his assistant if death occur the body was released to the hospital by a medical examiner. Also, if the direct or contrik shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin was D.O.A. at a hospital (except where the physician who pronounced death was in regul deceased prior to death); and (6) No physician was in regular attendance on the deceased	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
snows: (1) An accident of any nature; (2) boay burns; (3) A fraction of any kind; (4) Underermin was D.O.A. at a hospital (except where the physician who pronounced death was in regulated prior to death); and (6) No physician was in regular attendance on the deceased	This certificate must be approved by the chief medical examiner the body was released to the hospital by a medical examiner.	or his assistant if death occu Also, if the direct or contril
	snows: (1) An accident of any nature; (2) boay burns; (3) A tracture of any kind; (4) Underermin was D.O.A. at a hospital (except where the physician who pronounced death was in regulated prior to death); and (6) No physician was in regular attendance on the deceased	ounced death was in regulational

	BALTIMORE CITY HEALTH D			67 1075
BRTH NO.	CERTIFICATE OF	DEATH F	egistered Na	01 1010
N.E. CASE NO. NAME OF DECEASED		2. DATE AND H	OUR OF DEATH	<b>A</b> :
Type or Print) FOREMAN, PA	UL	1//	9/67	19:2
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL	RESIDENCE (Where Be	cosed lived. If institu	ution: residence before o
	A. STATE	B. COUNTY		2
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)	street	ARGILLO	)	3-
INICTIFICATION	Les de la control	DIII TI Van	city limits, write KUK	AL and give township)
FRANKLIN SQUA	THE NOW OF STREET	BALTIMO	give location)	
36	O. SIREET	1505 W	•	
0,0		13-		
	DIVORCED (specify)	lost		Under 1 Yr. 1f Unde Norths Doys Hours
A SEPA  OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	PETED 3/	15/20	47	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BU	JSINESS OR INDUSTRY 11, BIRTAPI	ACE (State or foreign c	ountry/	2. CITIZEN OF WHAT COUNTRY?
Engineer	11/2	+DUILIN		in CA
3. FATHER'S NAME	14. MOTH	ERS MAIDEN NAME		0110
PAUL FOREMAN		bel G. Cava	-	
5. Was Deceased Ever in U. S. Armed Farces? 16 Yes, no or unknown) (II yes, give wor or dotes of service)	SECURITY NO.	rs. Paul D.	Foreman	ADDRESS
	219-01-0826 1	.502 W. Pratt	St.	
18. 3 8 1 0 1	CAUSE OF DEATH			INTERVAL BETW
DISEASE OR CONDITION DIRECTLY	2,	T . # -	. 0	ONSET AND DE
LEADING TO DEATH	" lleng	lic ta	ellen	
(This does not mean the mode of dying, e.g.,	(A) SEPCE OUE TO SEVER			
heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	1:1/4		(	
ANTECEDENT CAUSES	(8) WLF	i cenah	9917	
DISEASES OR CONDITIONS, if ony, giving	OUE TO		-	
rise to the above cause (A) stating the	(C)			
UNDERLYING CONDITION last.	000000000000000000000000000000000000000			
_				
OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION 20 A. AL	TOPSY? (Yes or No) 20	CERTIFYING CAUSE	DINGS CONSIDERED
a O		110	/// B : -	
U 21A. ACCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ACE OF INJURY (e.g., in or obout 2) form, foctory, street, office bldg., IN	JURY OCCUR?	tit in Boltimore Ci	ity, give exact tocotion)
DEATH (notify medical examined) etc.)				
DEATH (notify medical examiner) etc.)				
Q 21D. TIME (Month) IDov) (Year) IHour) 21E. IN	JURY OCCURRED 2	F. HOW DID INJURY	OCCUR?	
OF INJURY  OF INJURY  (ADDROY)  (ADDROY)	At Mot White	F. HOW DID INJURY	OCCUR?	
21D. TIME (Month) IDoy) (Yeor) IHour) 21E. IN While Work	At Not White At Work	/	/ -	2
OF INJURY  OF INJURY  (ADDROY)  (ADDROY)	At Not White At Work	196	7 to 11/9	
21D. TIME (Month) IDoy) (Yeor) IHour) 21E. IN While Work	At Not White At Work	196	7 to 11/9	
21D. TIME (Month) IDoy) (Year) IHour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the	At Not White deceased fram 9	le 196	7 to 11/9	
21D. TIME (Month) IDoy) (Year) IHour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an	At Not White deceased fram 9	le 196	(my) (aur) apinia	
21D. TIME (Month) IDoy) (Year) IHour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an	At Not White At Work  deceased fram  Me) (did) (did nat) view the bo	e7 and that in dy after death.	7 to 11 graphila (my) (aur) apinia	in death accurred an
21D. TIME (Month) IDoy) (Year) IHour) 21E, IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (123A. SIGNATURE	Not White At Work deceased from 19 19 We) (did) (did nat) view the bo	196 2 and that ir dy after death.  Med. Stoff Phys	7 to 11 graphila (my) (aur) apinia	in death accurred an
21D. TIME (Month) IDoy) (Year) IHour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an	Me) (did) (did nat) view the bo	196 2 and that ir dy after death.  Med. Stoff Phys	7 to 11 graphila (my) (aur) apinia	in death accurred an
21D. TIME (Month) IDoy) (Year) IHour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (**23A. SIGNATURE**  JMM G. AMWX*  23C. PHYSICIAN'S NAME (Type)  TOMAS A - AWERD	Not White At Work  deceased fram.  9 19 We) (did) (did nat) view the bound of the b	Med. Stoff Physics St.	To 11 graphical (my) (aur) apinia (23)	SB, DATE SIGNED  11 9 6 7  12 10050
21D. TIME (Month) IDoy) (Year) IHour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (**23A. SIGNATURE**  JMM G. AMWX*  23C. PHYSICIAN'S NAME (Type)  TOMAS A - AWERD	Me) (did) (did nat) view the bo	196 2 and that ir dy after death.  Med. Stoff Phys	To 11 graphical (my) (aur) apinia (23)	n death accurred an ISB. DATE SIGNED
21D. TIME (Month) IDoy) (Year) IHour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (123A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	Not White At Work  deceased fram.  9 19 We) (did) (did nat) view the bound of the b	Med. Stoff Physics Stoff Physics St. St. LUW 240. LOCA	To flag (my) (aur) apinla  Fauth  Four (City,	B. DATE SIGNED  11 9 67  Bosp 10wn, or county)
21D. TIME (Month) IDoy) (Year) IHour) 21E. IN While Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (123A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	Me) (did) (did nat) view the bo	Med. Stoff Physics Stoff Physics St. St. LUW 240. LOCA	Fauta (City,	in death accurred an is is. DATE SIGNED  11 9 6 7  10 SP 10



BIRTH NO.

## 67 10751 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10751

M.1	E CASE NO.							
	NAME OF DECEASED				2. DATE ANI	D HOUR PRONOUNCED		
,	PRESTON		LEWIS		Novem	ber 7, 1967	1:56 P. M.	
3. F	LACE IN BALTIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESI A. STATE Mary 1	DENCE (Where	deceosed lived. If instituti B. COUNT	ian: residence before admission)	
HO	L NAME OF (IF NOT IN HOSPI SPITAL OR ADDRESS OR LOC TITUTION	TAL OR INSTITU	TION, GIVE STREET			e corporate limits, write RU	URAL and give township)	
1143				Baltimore 21-0				
	University Hospital	(DOA)		1	W. Prest	on Street	BARRO ST	
5. S	EX 6. RACE		NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years	If Under 1 Yr. 11 Under 24 Hrs.	
_	Male Negro	Sing		11/18		15	Months Doys Hours Min.	
	. USUAL OCCUPATION (Give kind of wo e during most of working life, even if retired		BUSINESS OR INDUSTRY	11. SIRTHPLACE	(Stote or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?	
				Mary	land		U.S.A.	
13.1	FATHER'S NAME				MAIDEN NAMI	į.		
	Herbert Le			Doris				
	WAS DECEASED EVER IN U.S. ARM I s, no orunknown), (If yes, give wor or do		16. SO CIAL SECURITY NO.	17. INFORMANT		A	DDRESS	
				Doris	Armstea	d 1018 W. H	Barre St.	
	18, - 9, 1 0		CAUSE	OF DEATH			INTERVAL BETWEEN	
CERTIFICATION	ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST  II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R	ANY, GIVING STATING THE	(B)(C)	gration.				
CERTIF	DISEASE OR CONDITION CAUSIN	IG IT.	WHICH OPERATION			208. IF YES, WERE FIND		
MEDICAL (	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) UNDERLYING OR CONTRIB- home, form, factory, sheet, office bldg., INJURY OCCUR?							
中	UTING CAUSE OF DEATH.	Hon	ne of Filend		1056 W.	Barre Street	21-01	
2	TID TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 11/7/67 1:15 P. WHILE AT NOT WHILE X AT WORK AT WORK Subj. burned in						burned in	
	22, I certify that I held on Inquiry Inspection XX Autopsy ond that on this basis, death in my opinion							
	resulted from: Notural c	ouses A	ccident X Suicide	e Homl	cide 🗌 t	Indetermined monner		
		CHIEF MEDICAL EXAMINER						
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER XX							
	EXAMINER'S Werner	U. Spit	M.D.	ASSOCIATE	MEDICAL EX	(AMINER	11/8/67	
	BURIAL CREMATION, 23B. DATE	23	C. NAME OF CEMETERY O	CREMATORY	23D. L	OCATION (City, to	own, or county) (State)	
	Burial 11/1	1/67	Mt. Auburn				aryland	
24/	A. DATE REC'D BY HEALTH DEPT.	24B, NAME			RAL DIRECTOR		ADDRESS	
	NOV 1 0 1967	Relieb	E. Farberma	Char	rles A.	Rice 661 W	W. Barre St.	

0:30: . 12101200 and the state of t 

23C. NAME of CEMETERY or CREMATORY

Mt. Auburn

248, NAME OF REGISTRAR

23D. LOCATION

24C. FUNERAL DIRECTOR

(City, town, or county)

Baltimore, Maryland

Charles A. Rice 661 W. Barre St.

(Stote)

VS 151-REV. 1/1/65

23A. BURIAL CREMATION,

24A. DATE REC'D BY HEAL!

REMOVAL (Specify)
Burial

23B. DATE

A company of the comp (L) [ Est. 150 | 515 | V) - ----A CONTRACTOR SECTION OF EASING - Joseph Sagran A Mill Set . September 1

23C. NAME OF CEMETERY OF CREMATORY

Mt. Auburn

23 D. LOCATION

(City, town, or county)

Baltimore, Maryland

Charles A. Rice 661 W. Barre St.

VS 151-REV. 1/1/65

23A. BURIAL CREMATION.

REMOVAL (Specify)

Burial

238, DATE

67

248 NAME OF REGISTRAR

Spring of the S Signal agency of the second

	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner of his assistant in death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contribution	by the chief medical examiner oital by a medical examiner.	Also, if the direct or contribution
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined	re; (2) Body burns; (3) A fractu	re of any kind; (4) Undetermined
was D.O.A. at a hospital (except where the physician who pronounced death was in regular	where the physician who pro	nounced death was in regular
deceased prior to death); and (6) No physician was in regular attendance on the deceased pr	No physician was in regular	regular attendance on the deceased pr
		The same of the sa

DID	67 10754BALTIMORE C	CATE OF DEATH Registered No.	67 10754
M.	E. CASE NO.	CATE OF DEATH Registered No. 1	41.6
	NAME OF DECEASED  BEEKS (LENA) NAME Anna M.	agdalena 11/9/67	1,45
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If in A, STATE B. COUNTY	stitution: residence before odm
	FULL NAME OF (If not in hospital or institution, give street	Md.	
	HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR, TOWN (If outside city limits, write-	NVRAL ord give town hip)
4	tall a latina	D. STREET ADDRESS (If rurol, give location)	
	Telmion Memorial Horp	2602 Hemlock Qu	P _ 1
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH RC 9. AGE (In years	If Under 1 Yr. If Under
	WIDOWED, DIVORCED (specify) Widow	10/2/87 lost birthdoys	Month's Doys Hours
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Md.	21.S.A.
13.	FATHER'S NAME Leonhard	14. MOTHER'S MAIDEN NAME	
	stocketoook Helgner	Barbara Boehm	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? Of 16. SOCIAL SECURITY NO.	Mrs. Margaret Myers	(Same)
		212-05-5450-D	they L
		E OF DEATH	ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Roma Parameria	2 2.
	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc., it means the disease,	Stransman	4
	injury or camplication which coused death.)	0 110 1 100	
		Kirlin Canalin Dangin	- Ima
	ANTECEDENT CAUSES (B)	Right Cerural Demonl	ge Imo.
	ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) sloting the (C)	Habituria Curdioros	was 5+4c
	ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) sloting the (C) UNDERLYING CONDITION lost.	Hypertensia Cardiovage	was 5+ ye
NO	OTHER CICALIFICANT CONDITIONS CONTRIBUTING	Branchopmenmonia Right Cerebral Hemonle Hypertensire Cardiovane	was 5+ ye
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	18/ mles	man 5+ ye
IFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
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CAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME OF INJURY (APPROX.)  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  21B. PLACE OF INJURY (e home, form, foctory, stree etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA  .g., in or obout 21C. WHERE DID (If in Boltimor bldg., INJURY OCCUR?)  21F. HOW DID INJURY OCCUR?  While 19 6 2 to 19 6 19 6 2 to 19 6	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)
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MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.)  22. I certify that (1) (this hospital) attended the deceased fram.  that (1) (we) lost sow the deceased alive an and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and hour and from the causes stated above. (1) (We) (did) (did not and hour and hou	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE IN CERTIFYING CA  19. Office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While  21F. HOW DID INJURY OCCUR?  While  19. O to  19. O to  19. O to  23D. ADDRESS  A.D. THE UNION MEMORIAL H  CREMATORY  24D. LOCATION  (C)	FINDINGS CONSIDERED USES OF DEATH?  e City, give exact location)  19.6  inion death accurred an telegraph of the country of th
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MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e home, form, foctory, stree etc.)  DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.)  22. I certify that (1) (this hospital) attended the deceased fram.  that (1) (we) lost sow the deceased alive an and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and from the causes stated above. (1) (We) (did) (did not and hour and hour and from the causes stated above. (1) (We) (did) (did not and hour and hou	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE IN CERTIFYING CA  19. Office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  While  21F. HOW DID INJURY OCCUR?  While  19. O to  19. O to  19. O to  23D. ADDRESS  A.D. THE UNION MEMORIAL H  CREMATORY  24D. LOCATION  (C)	FINDINGS CONSIDERED USES OF DEATH?  e City, give exoct locotion)  19.  inion death accurred an to the state of the state o

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Decement d. Hugh, Tre. Nalto, Ed. 2121b

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BIRTH	NO.	7 10755		TE OF DE		ed No. 67	10755
	ASE NO. AE OF DECEASED  OF Print)  Louis (	3. Stabile		2.	DATE AND HOUR OF	Z- I	200 0
FUL HOS	L NAME OF (If not in hospitol splital or address or location intuition)  Baltimore City Hosp	or institution, give s	street	Maryland c. city or town Baltimore	NCE (Where deceased live B. COUNTY  (If autside city limites ss (If rurol, give location Avenue	, vite RURAL and	
5. SEX		7. MARRIED, NEV	VORCED (specify)	8. DATE OF BIRTH 8/8/15	9. AGE (In year last birthday)	Manths	Days Hours Min.
done du Tr	sual occupation (Give kind of work pring mast of working life, even if retired) actor Operator	Bethlehen		Baltimore,	Maryland	12, CITIZE WHA	COUNTRY?
	Joseph Stabile			14. MOTHER'S MA	Mary T		
(Yes, no	s Deceased Ever in U. S. Armed Far arunknawn) (If yes, give war ar date W.W.II	s of service)	social security No. 3-16-45340	Mrs. There	esa Stabile	3906 Easter	n Avenue
D ris	ant failure, osthenia, etc. It means jury or camplication which caused  ANTECEDENT CAUSES  ISEASES OR CONDITIONS, if se to the obove couse (A)  NDERLYING CONDITION tost.  THER SIGNIFICANT CONDITIONS	deoth.) any, giving stoling the	(B) A)	eriosel	erosi Hai	A Buseri	4 weeks
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불이	D. TIME (Manth) (Doy) (Year) FINJURY PPROX.)	(Haur) 21 E. INJU While A. Work	URY OCCURRED Nat Whil		V DID INJURY OCCUR?		90 (7
th	ot (I) (this hospital of (I) (this hospital of (I) (this) last sow the decease of haur and from the couses stoted haur and fro	ed olive on	10-29 ( <del>did)</del> (did not)	ending Mer s. Mer 23D. ADDRESS		238. DATE	-10-67
24A. B	JAMES W.  URIAL CREMATION, 248. DATE EMOVAL (Specify)		of CEMETERY of CR		24D. LOCATION	(City, tawn, ar	
25A. C	OATE REC'D BY HEALTH DERL	Oakla 25B. NAME OF RE	wn Cemeter	25C. FUNERAL	Baltimore, DIRECT Poseph N. Myennes	Maryland Zannino 263 S , Conk	ADDRESS

Acude Mys cardeal Safaustin Him Atencoclores Hasters ... James W.

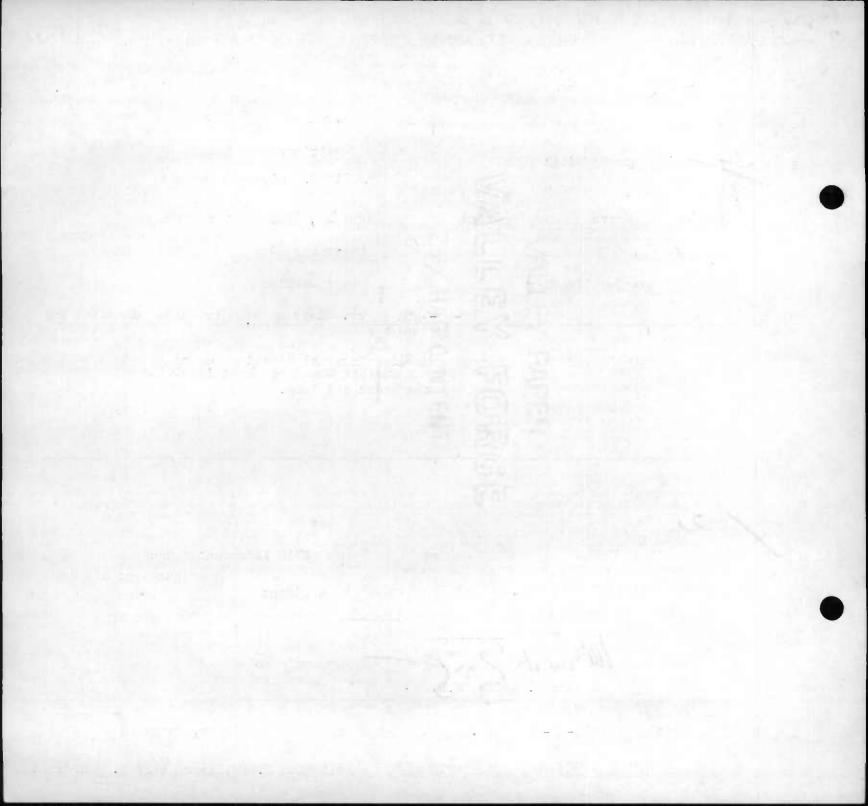
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

M.E. CASE NO.		10756 CERTIFICA		
1. NAME OF DE	CEASED		2, DATE AND HOUR	OF DEATH
3 PLACE OF DE	VINCENT !	SCHORR	4. USUAL RESIDENCE   Where decease	od Wed. If institution, residence before
S. PEACE OF DE	Att in bachmone ma		A, STATE B. COUNTY MARYLAND	The state of the s
FULL NAME		or institution, give street		01.
INSTITUTION	RALTIMO	RE CITY HOSPITALS	C, CITY OR TOWN (If outside city I	limits, wive NURAL and give township
7.	4940 EASTERN		D. STREET ADDRESS (If rurol, give	lecation)
51		ARYLAND 21224	3503 E. LOMBARD	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF SIRTH 9. AGE (II	n vegrs   If Under 1 Yr, If Und
MALE	WHITE	WIDOWED PLYORCED (specify)	2-15-06 lost bible	Months Doys Hours
	CUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
done during most o	working me, even ir remed;	Beth. Steel	MARYLAND	U.S.A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
	UNKNOWN		UNKNOWN	
15. Was Decease	d Ever in U. S. Armed For		17. INFORMANT	ADDRESS
(Tes, no or unknow	n) IIf yes, give wor or dote		BCH: RECORDS 4940	EASTERN AVENUE 212
18. 44	0.01101.7	213-014+V	OF DEATH	INTERVAL BETY
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OTHER SIGN TO THE DISEASE DISE	ANTECEDENT CAUSES  OR CONDITIONS, if the above couse (A) (IG CONDITION last.  INTELLATION OF PERATION (A)	any, giving stating the IC)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  CLINION FOR WHICH OPERATION FORMED  CLINION G. R-U-Lobe L  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  IHour)  21E. INJURY OCCURRED  While At Not Whork  Not Whork  At Word	in 9 obout 21C, WHERE DID office bldg., INJURY OCCUR?	ITEMING CAUSES OF DEATH?  YES  It in Bothmore City, give exact location  CUR?
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OTHER SIGN TO THE DISEASE DI 170. DATE OR CONTRIE DEATH (notification) 21D. TIME OF INJURY (APPROX.)  22. I certification on the condition of	ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A) IG CONDITION last.  INIFICANT CONDITIONS OF REATH BUT NOT RELA REATH BUT NOT RELA REATH BUT NOT RELA REATH WAS UNDERLYING OF PERATION 198 CON BUT NOT RELA REATH WAS UNDERLYING (Month) (Doy) (Yeor)  The provided examinet (Month) (Doy) (Yeor)	any, giving stating the IC)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  CLINION FOR WHICH OPERATION FORMED  CLINION G. R-U-Lobe L  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  IHour)  21E. INJURY OCCURRED  While At Not Whork  Not Whork  At Word	in g obout 21C, WHERE DID offide bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	It in baltimore City, give exact location  CUR?
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TISE TO HUNDERLYIN  OTHER SIGN TO THE DISEASE	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) IG CONDITION last.  INITICANT CONDITIONS OF REATH BUT NOT RELA RECONDITION CAUSING OF PERATION 198. CON WAS PER ENT WAS UNDERLYING UNDERLYING (Month) (Doy) (Year)  The couse of the medical examiner)  (Month) (Doy) (Year)  The couse of the medical examiner)  The couse of the	any, giving stating like IC)  CONTRIBUTING ATED TO THE IT.  CONTRIBUTING ATED ATED ATED ATED ATED ATED ATED ATED	in g obout 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	TYPING CAUSES OF DEATH?  YES  It in baltimore City, give exoct locotion  CUR?  It o
TISE TO HE UNDERLYIN  OTHER SIGN TO THE DISEASE DISEAS	ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A) IG CONDITION last.  INIFICANT CONDITIONS OF REATH BUT NOT RELA RECORDITION CAUSING OF PERATION 198. CON WAS PER LENT WAS UNDERLYING ON MACHINE (Month) (Doy) (Yeor)  The couses state of the couse of the couse of the couses state of the couse of the couse of the couse of the couses of the couse of the	any, giving stating like IC)  CONTRIBUTING ATED TO THE IT.  CONTRI	in o obout 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	TYPING CAUSES OF DEATH?  YES  It in baltimore City, give exoct locotion  CUR?  It o
TISE TO HUNDERLYIN  OTHER SIGN TO THE DISEASE	ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A) IG CONDITION last.  INIFICANT CONDITIONS OF REATH BUT NOT RELA RECORDITION CAUSING OF PERATION 198. CON WAS PER LENT WAS UNDERLYING ON MACHINE (Month) (Doy) (Yeor)  The couses state of the couse of the couse of the couses state of the couse of the couse of the couse of the couses of the couse of the	any, giving stating like IC)  CONTRIBUTING ATED TO THE IT.  CONTRI	in o obout 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	TYPES CAUSES OF DEATH?  YES  It in bothmore City, give exact location  CUR?  (our) opinion death accurred a  23B. DATE SIGNED  AVENUE  AVENUE  (City, town, or county)

Nev y = Lead L. Signal Land B. 72 Flore & Little P. F. 1923 MYCCARDIAL INFARCTION - IC INCLASS " Tale? Common Recovery Yes

## 67 10757 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10757

	CASE NO.	TO/TE EX	/ (// (III \EI( O C)			
1. N	AME OF DECEASED				2. DATE AND HOUR PRONOUNCE	D DEAD
(Тур	E LUGENE O.		CHANDLER	3	November 6, 196	7 9:30 P. M.
FUL HOS	ACE IN BALTIMORE, MARYLAND, V	TAL OR INSTITU ATION)	NCED DEAD	Mary c. city or to  Bal D. STREET ADD	DENCE (Where deceased lived, If insti B. COU	tution: residence before admission) NTY
5. SI	X 6. RACE	7 AAA BRIED	NEVER MARRIED	B. DATE OF BIR		If Under 1 Yr. If Under 24 Hrs.
M 10A. done	Iale Negro USUAL OCCUPATION (Give kind of wo during post of yorking lile, even il retired)	Separ	OIVORCED (specify)	June 21	last birthday)	Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?  USA
	Alexander Chang	ller		Emma	Jenkins	
	Alexander Chance VAS DECEASED EVER IN U.S. ARME no grunknown (If yes, give wor or do		16. SOCIAL SECURITY NO. 220-36-5451	17. INFORMANT		ADDRESS  Edmondson Ave
TION	DISEASE OR CONDITION D LEADING TO DEAT  (This does not meon the made of heart foilure, asthenio, etc. II mean injury or complication which coused  ANTECEPÊNT · CAUS  DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST	H  If dying, e.g., s the discose, death.)  ES  ANY, GIVING STATING THE		ve Intern unshot Wo eart and	al Bleeding due to und of Chest in <b>v</b> olv lung.	ing
CERTIFICATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	ELATED TO THE	HE			
	21	RFORMED		Ye		SES OF DEATH?
MEDI	22.	or) (Haur) 2	Home  TE. INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	21F. I	ccident	nue 21-02
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)		Suicid	e Hamie CHIEF	nd that an this basis, death in modeler mined mannament of the mannament o	
	BURIAL CREMATION, 238. DATE	230	C. NAME OF CEMETERY		23D. LOCATION (City,	tawn, or county) (State)
24A	Burial 11-10	24B, NAME	of REGISTRAR	emetery 24C. FUNE	Baltimore, Ma	ryland
	NOV 1 0 1967	Res	E. Fallypa	Arli	ngton S. Phillips	1727 N. Monroe St
VS	151-REV. 1/1765 879	,		1 0 7	()	



		C	1 4000	BALTIMORE CITY	HEALTH DEPARTMENT		Ch Aprico
BIRTI	H NO.	0/	1075	CERTIFICA	TE OF DEATH	Registered No.	67 10758
	CASE NO.	A SED				AND HOUR OF DEATH	
	e or Print)	Lucy Ho	olmes			.7,1967	
3. PI	LACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE		institution: residence before odmission)
H	ULL NAME O OSPITAL OR ISTITUTION	F (If not in hospital oddress or locatio	or institution, ( n)	give street	975	f outside city limits, write	RURAL ond pive downship)
D.	770 14	Comple	- 1 1	(=0	D. STREET ADDRESS	(If rurol, give location)	
	110 W.	Saratoga S	ot. Apt	6.670		ratoga St.	Apt.670
5. SI	EX	6. RACE	7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months: Doys Hours Min.
Fe	male	Col.	Singl		Dec.14,1892	74	
		JPATION (Give kind of wor working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Domest				Balto.	Md.	
13. F	ATHER'S NAM	A E	1		14. MOTHER'S MAIDEN	NAME	
Ι,	Willia	m Holmes	1		Lucy Bole	v	
15. V	Vas Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT	0	ADDRESS
(Yes,	no or unknown	(If yes, give wor or dote	es of service)	SECURITY NO.	Maggie Bol	den 770W.Sa	anatora St
-	18. // #	4 1		CAUSE O		dell House	INTERVAL BETWEEN
	7 0	E OR CONDITION DI	DECTIV	CAUSE O	//		ONSET AND DEATH
	DISEA.	LEADING TO DEATH	KEC ILI	(A)	HSUV	()	5 Jeans
		of meon the mode of osthenia, etc. It means		DUE TO	X		
		plication which coused			/		V
		ANTECEDENT CAUSES		(8)			
		OR CONDITIONS, if					
		a abave cause (A) CONDITION last.	sloling The	(C)			
Z O	OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTIN	3			
ATION	TO THE D	EATH BUT NOT REL	ATED TO TH IT.	E			
	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
احاا	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF	21 B hom etc.	e, farm, foctory, street, o	n or obout 21C. WHERE DI		ore City, give exact location)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Yeor)		INJURY OCCURRED  ile At Not While At Work	e 🗀	INJURY OCCUR?	
11	100	that (1) (this hospital	//	11 0	19 67 and		19 67
	and haur an	d from the causes sta	ted above	(did) (did nat)	riew the body after dea	oth.	
	23A. SIGNATU	IRE /	1/20	and and an	anding Adad -	The staff	23B. DATE SIGNED
		/pear /v	al al	M.D. All		Staff Phys.	11-8-67
	NAME (T		gista	5 x #/ M.O.	Hinosti 1	NAKARAWA	$m \cdot \Omega$
24A	. BURIAL CRE	MATION, 248. DATE	74C.N.	AME of CEMETERY OF CR	EMATORY 24	D. LOCATION	City, lown, or county) (State)
I	Burial	11/10/	67 Mt	, Auburn Ce	m •	Balto.	Md.

258. NAME OF REGISERAR 25A. DATE RECA BLAELLE

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65

Brown warrang market

1.	7 03117 8	7 10750	BALTIMORE CITY	HEALTH DEPART	MENT	67 10759
MRTH NO. 6	7-03017 6	7 10759	CERTIFICA	TE OF DEA	ATH Registered N	10
Type or Print)	ECEASED			2.	DATE AND HOUR OF DEA	. 70 00 -
		liam Green			November 8, 19	
FULL NAME HOSPITAL O		or institution, give stre	eet	Maryland c. city or town	Baltimore	If institution: residence before admission
311	Baltimore City	Hospital		Dundalk D. STREET ADDRES		3 - 0 0
- SEX	6. RACE	7. MARRIED, NEVER	A4 A BRIED	B. DATE OF BIRTH	Haven Road	
Male	White	Never Mar	ried (specify)	2/11/67	9. AGE (In years lost birthdoy)	If Under 1 Yr, If Under 24 Hr Months Doys Hours Min, 8 27
	CUPATION (Give kind of wor of working life, even if retired)	k 10B. KIND OF BUSIN	ESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?  U. S. A.
3. FATHER'S N	AME			14. MOTHER'S MA	IDEN NAME	
Elbert	W. Green			Susanna		
5. Was Deceas Yes, no or unkno NO	ed Ever in U.S. Armed Fo wn) (If yes, give wor or dot	es of service) SE	CIAL CURITY NO.	17. INFORM (Fat Elbert Gr		Md. 21225 Haven Rd. Dundalk
18.	71.01		CAUSE O			INTERVAL BETWEEN
	ASE OR CONDITION DI	RECTLY		1 1	1-	onset and death 3 days here 3 days
	LEADING TO DEATH		(A) AL	Johndry	steon .	3 days
	nol meon the mode of e, asthenia, etc. 11 means		DUE TO			
	amplication which cause		1	+ +:	111:	La 3 days
-	ANTECEDENT CAUSES	S	(B)	ulerius	v 4 peraur	nea surge
DISEASES	OR CONDITIONS, if	any, giving	DOFIO			0
rise la	the obave cause (A)		(C)	8888888888 v 848 v v r 88888888 v 8 v	46-6-4 6666666666666666666	000 0000 000 000 000 000 000 000 000 0
UNDERLYI	NG CONDITION last.					
E TO THE	II SNIFICANT CONDITIONS OF DEATH BUT NOT REL	ATED TO THE				
		NDITION FOR WHICH	OPERATION	No No		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
_ OR CONTR	DENT WAS UNDERLYING   IBUTING   CAUSE OF   ify medical examiner)	21B. PLACE home, form, etc.)	OF INJURY (e.g., in , foctory, street, of	or obout 21 C. WHE fice bldg., INJURY O	RE DID (If in Bolti	imore City, give exoct locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJUR	YOCCURRED	21 F. HOW	DID INJURY OCCUR?	
(APPROX.)		While At Work	Not Whill	e		
22 1	f at a /1\/att- t = **-			21 pr. 6.	1967 to	MAN 9. 169
	fy that (I) (this bospite e) last saw the deceas			19 67		opinion death occurred an the do
	and from the couses sto			iew the body afte		
23A. SIGN	URE	1.				23B. DATE SIGNED
23 C. PHYSIC	our n.	Tollew	гпу	ending Med Direction 23D. ADDRESS	Stoff Phys.	11/9/67
NAME	Louis N.	Tollin			Point Rd. Eds	gemere, Md. 21219
24A. BURIAL C	REMATION, 248. DATE		CEMETERY OF CRE		24D. LOCATION	(City, town, or county) (Stote)
Buri	(Specify)	/	edeemer Ce			simore, Md.
25A. DATE REC	'D BY HEALTH DEPT.	258. NAME OF REGI	STRAR	25C. FUNERAL	DIRECTOR	ADDRESS
	NOV 1 3 1967	Robert E.	tarber MA	John J.	Duda, 7922 Wis	se Ave. Dundalk, Md.
/S 150-REV 1/					7 17-10 7126	

and the second of the second o THE SERVICE OF THE SE

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR: BIRTH NO.

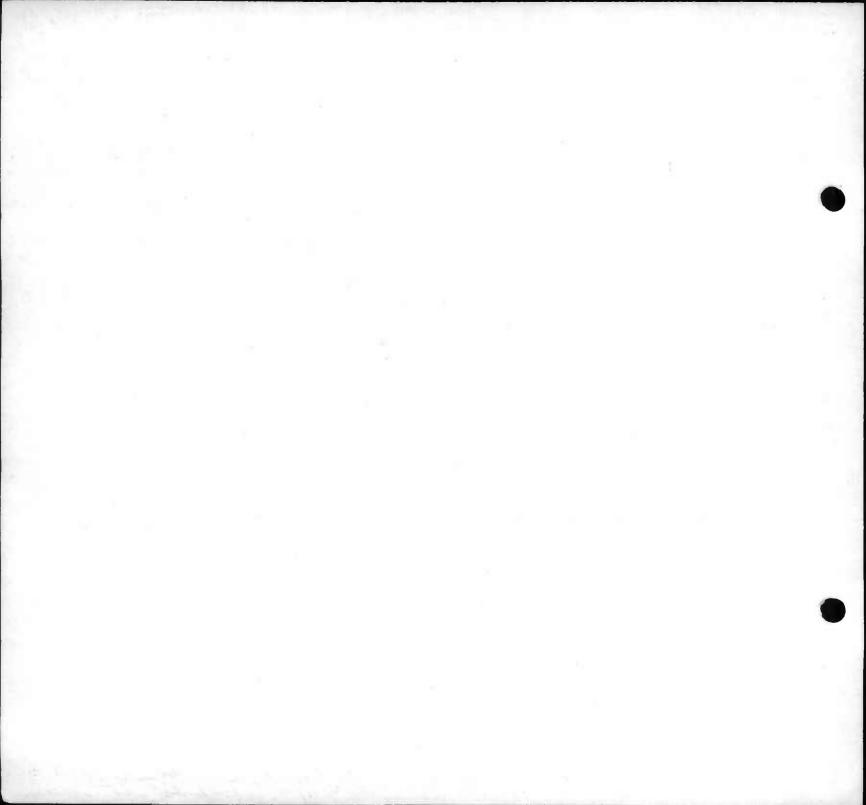
V\$ 150-REV. 1/1/65

...ond that in(my) (our) opinion death accurred on the date 23B. DATE SIGNED lown, or county) ADDRESS

Registered No.

If Under 24 Hrs. Hours Min.

Hours

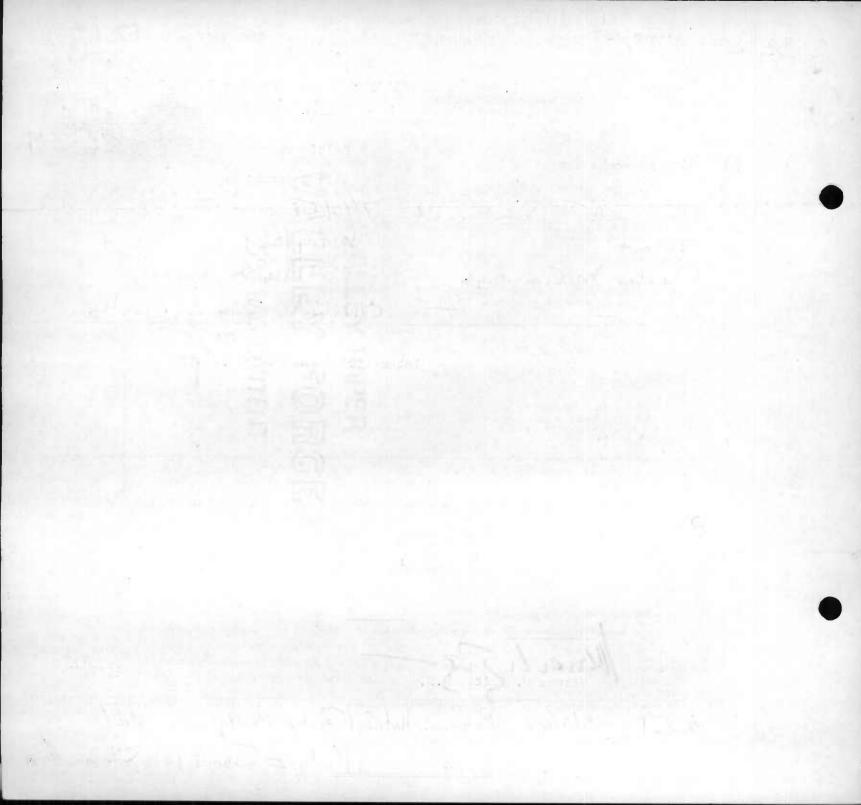


24B. NAME OF REGISTRAR

FUNERAL DIRECTOR

ADDRESS

24A, DATE REC'D BY HEALTH DEPT.



a hospital and

or his assistant if death occurred in

if the direct

Also,

examiner.

a medical

(1) An accident of any nature; (2) Body burns; (3) A fracture of any

certificate must be approved by the chief medical examiner

the body was released to the hospital by

shows:

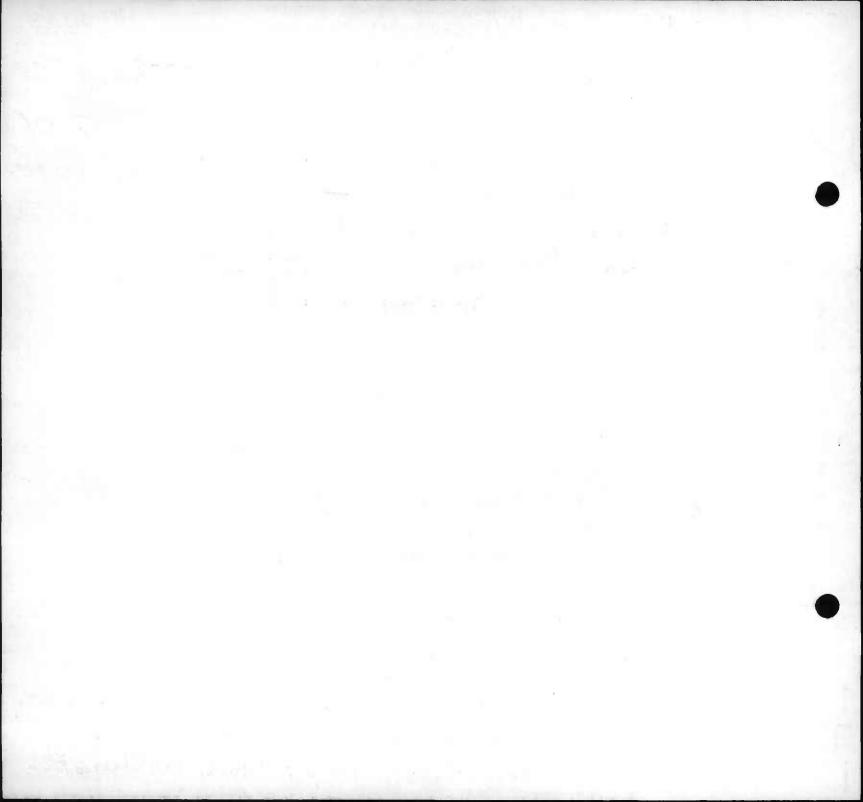
was D.O.A. at a hospital (except where the physician who pronounced

the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased

death was in regular attendance on the

	6/ 11/6	CITY HEALTH DEPARTMENT 67 10762
5	M.E. CASE NO.	CATE OF DEATH Registered No.
Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
١	3. PLACE OF DEATH IN BALTIMORE MARYLAND	y) 11-6-67 60 PN  [14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
death	3. PLACE OF DEATH IN BALLIMORE, MARILAND	A. STATE B. COUNTY
P	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland
0	Baltimore City Hospitals	C. CITY OR TOWN (If outside city limits, write RURAL and give towards) Baltimore
	4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give locotion)
prior e.	Baltimore, Maryland #21224	501 N. Kenwood Ave. #21205
70	S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.     lost birthdoy) / / Months! Doys   Hours   Min.
deceased tion is ma	Female White Married	(35)7-14-01 lost birthdoy) 66 Months Doys Hours Min.
reas r is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	
di oi	Housewife	Pennsylvania USA
e osi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	Joseph Bordenieux	Agenty (p. 100)
0_	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals
final	208-12-744	OA RECORDS: 4940 Eastern Avenue #21224
attendance med or fina		SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
d d	DISEASE OR CONDITION DIRECTLY	
att me	LEADING TO DEATH  (This does not mean the made of dying, e.g., DUE TO	Trodus Scongerialis.
-	heort failure, osthemia, etc. It means the disease, injury or complication which caused death.)	Groden Georgemater.
gule	ANTECEDENT CAUSES (B)	?nIT ?cua.
	DISEASES OR CONDITIONS, if any, giving	
- 0		
ini		
ın was in remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 1
an	DISEASE OR CONDITION CAUSING IT.	1011e
physician fore the re	19A. DATE OF OPERATION WAS PERFORMED WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
hy	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	NO  B.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street etc.)	t, office bldg., INJURY OCCUR?
oN p		21F. HOW DID INJURY OCCUR?
and (6) Nobtained	OF INJURY While At Not	While Nork
pta	22. I certify that (P) this haspital) abended the deceased fram	
* 4	11 /	196 to 11- 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19
death); must be	and haur and fram the causes stated abov (1) (W (did) (did no	
deat	23A. SIGNATURE	23B. DATE SIGNED
	A Dea . ( M.o.	Attending Med. Stoll Phys. 1/-6-67
DV0	23C. PHYSICIAN'S NAME (Type) (P. Desmond)	23 D. ADDRESS
deceased prior to written approval		4940 Eastern Avenue Baltimore, Md.#21224
Po	24A. BURIAL CREMATION, 24B. DATE / 248 NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, towns or county) (State)
ase	Borea ( 11/9/67 By Humore W	atrain Comon Baltemore Mel.
ritt	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25%. FUNERAL PIRECTOR
₽ ¥	MUV 13 1967 R.C. B. E. Fa. Q. M	· Philip E. Cruel 1211 Chosago Her.

VS 150-REV, 1/1/6S



VS 150-REV. 1/1/65

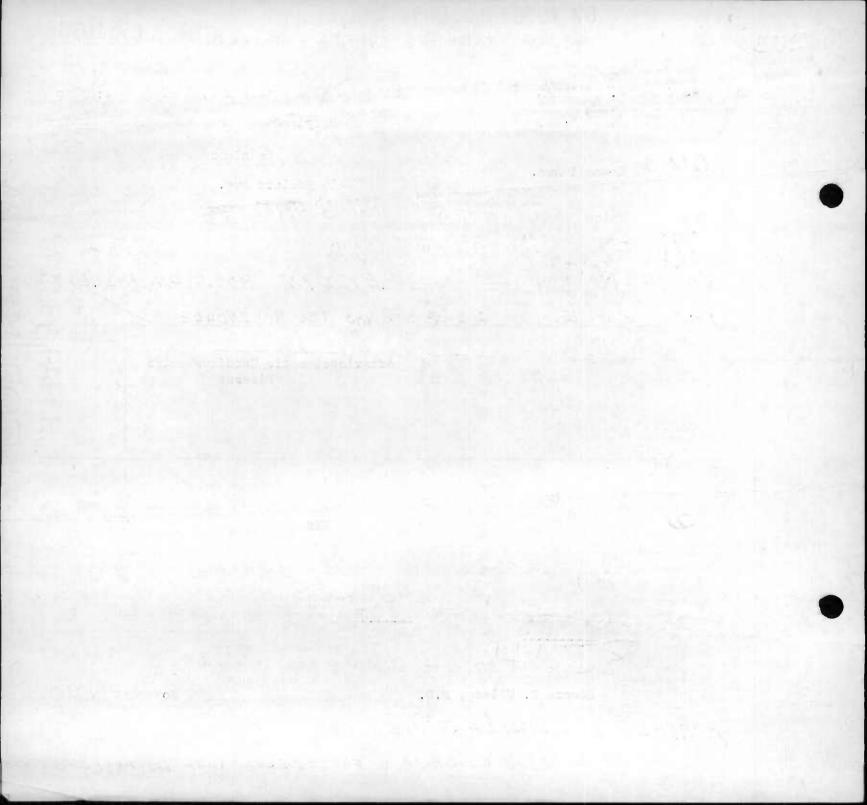
-	67 11	0763 BALTIMORE CITY	HEALTH DEPARTMENT		67 10763
2	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	
	M.E. CASE NO.  1. NAME OF DECEASED	1: 0/1:	2. DATE AN	ID HOUR OF DEATH	
	(Type or Print) Leonard Sm	olinski		11/07/	67 7314 AM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who		titution: residence before admission)
	FULL NAME OF (If not in hospitoly of institu	tion, give street / /	17a, 6	salt (1)	tia
	INSTITUTION and oddress or location en	norial Hosp	C. CUTTOR TOWN (If ou	tside city limits, write RI	URAL and give township)
	avior		D. STREET ADDRESS (III	rurol, give location)	4606
	44		4332	Sheldon	AR
mad	5. SEX 6. RACE 7. MAAF	NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdox)	onths Doys Hours Min.
.2	10A. USUAL OCCUPATION (Give kind of work 10B, KIN	ID OF BUSINESS OR INDUSTRY	11. BLATHPLACE (State or fore	ign country)	12. CITIZEN OF
on	done during most of working life, even if refired)		March	ind	WHAT COUNTRY?
sit	BUILER MANY ET IVED	1 = 1	14. MOTHER'S MAIDEN NA	ME	C
disposition	Treph Smal	in8kc	Maria	Price	
	15. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT	11100	ADDRESS
nal	(Yes, no or unknown) (Iff yes, give wor or dotes of ser		Son		Samp
r fin	18, // 1	216-03-1560 CAUSE OF	DEATH		INTERVAL BETWEEN
0	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
ned	LEADING TO DEATH	(A) 5.6	in time	Pneumo	nti
balm	(This does not mean the made of dying, heart foilure, osthenio, etc. It means the dis	e.g., DUE TO	77maa		
E	injury or complication which caused death.)  ANTECEDENT CAUSES	(B) R	mohogen	ic Cust	a march
0	DISEASES OR CONDITIONS, if ony, g	DUE TO	ymrative rockegen right lun	cs.	
ar.	rise to the abave couse (A) stating UNDERLYING CONDITION last.	the (C)		M. Ho	chash
remains	UNDERLING CONDITION last.				
E	O OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
9 16	TO THE DEATH BUT NOT RELATED TO				
부	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?
ore	U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
bef	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, off etc.)	ice bldg., INJURY OCCUR?		
Pe	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ain	(APPROX)	While At Not While At Work			1-1
þ	22. 1 certify that (I) (this hospital) attend	ded the deceased from Jeff.	/// 7_	19 620 //	18 1967
0 0	that (1) we) lost saw the deceased olive	on	19 6 ond th	at in (my) (aur) apin	ion death accurred an the date
st b	and haur and from the causes stated aba	ve. (1) We) (did (did nat) vi	iew the body after death.		
must	23A. SIGNATURE			(	23 B. DATE SIGNED
	1971-4/2chlm	Phys		Stoff Phys.	(1/8/6)
0	23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	in	-1/1/50
approval	B. J. Weckesser	M.D.		moriti Alex	dital //
	REMOVAL (Specify)	4C. NAME of CEMETERY or CRE			y, town, or county) (Stote)
ritten	120812 11/11/67	ST. STANSLAW		TUTIMORE	ADDRESS
W	27011 4 0 1007 01-	6 2 Falleum	25C. FUNERAL DIRECTOR	UNLIPHI HAM	ME 4210 BELITUR
-		Mary Company	V	- m - 116 /10	- daraberio

And the same of the first the same 4332 Shelden Are 44/86/9 retired. Maryland Mary Price Eseph Smolinble B) Undieser Union Freman

67 10764 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10764

VS 151-REV. 1/1/65

Type or Print)  GEORGE W. ROSENDALE  D. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  A. STATE  GULL NAME OF ADDRESS OR LOCATION)  OSTREET ADDRESS OR LOCATION)  STREET ADDRESS (If rurol, give Maryland C. CITY OR TOWN (If outside corp.)  Balti  D. STREET ADDRESS (If rurol, give Mid of Work 108. NIND OF BUSINESS OR INDUSTRY)  Male  OA. USUAL OCCUPATION (Give kind of work 108. NIND OF BUSINESS OR INDUSTRY)  OA. USUAL OCCUPATION (Give kind of work 108. NIND OF BUSINESS OR INDUSTRY)  CABNET MAKERS  A. DATE OF BIRTH  JAN 5-1915  CABNET MAKERS  14. MOTHER'S MAIDEN NAME  EVEL YN  P. CABNET MAKERS  TO SENDALE  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no or unknown), (If yes, give wor or doles of service)  16. SOCIAL  SECURITY NO.	Incomonial locomonial
GEORGE W. ROSENDALE  PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  SEX 6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Male  White  OA, USUAL OCCUPATION (Give kind of work 10 R. KIND OF BUSINESS OR INDUSTRY)  A BALTI  JAN 5-1915  CABNET MAKERS  MOTHER'S NAME  CEORGE POSENDALE  S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SCEURITY NO.	more limits, write RURAL and give township)  More locotion)  AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min. Months, Doys Hours, Min. MAT COUNTRY?  U. S. A.  D. S.S. 4/6 HAZLETTA  ADDRESS  VDALE  INTERVAL BETWEEN
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  A. STATE  Maryland C. CITY OR TOWN (If outside corporation)  SEX  6. RACE  White  A. USUAL RESIDENCE (Where deced A. STATE)  Maryland C. CITY OR TOWN (If outside corporation)  Balti D. STREET ADDRESS (If Turol, give 416 Hazlett Ave)  WIDOWED, DIVORCED (specify)  Male  A. USUAL OCCUPATION (Give kind of work) OR. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign council of working life, even if refired)  CABNET MAKERS  WAS DECEASED EVER IN U.S. ARMED FORCES?  SECURITY NO.  17. INFORMANT  17. INFORMANT  17. INFORMANT	more limits, write RURAL and give township)  More locotion)  AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours, Min. Months, Doys Hours, Min. MAT COUNTRY?  U. S. A.  D. S.S. 4/6 HAZLETTA  ADDRESS  VDALE  INTERVAL BETWEEN
SEX   6. RACE   7. MARRIED, NEVER MARRIED   MIDOWED, GIVE   MALE   MIDOWED, DIVORCED (specify)   MALE   Mother's maiden name   Mother's m	more locotion)  e. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Ist birthday)  Months, Doys Hours, Min.  532  12. CITIZEN OF WHAT COUNTRY?  U. S.A.  DSS 4/6 HAZLETTA  ADDRESS  VDALE  INTERVAL BETWEEN
5300 Remmell Ave.  D. STREET ADDRESS (If rurol, give 416 Hazlett Ave.  416 Hazlett Ave.  A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign counted during most of working life, even if retired)  FATHER'S NAME  CABNET MAKERS  14. MOTHER'S MAIDEN NAME  WAS DECEASED EVER IN U.S. ARM ED FORCES? s, no or unknown) (If yes, give wor or dotes of service)  D. STREET ADDRESS (If rurol, give 416 Hazlett Ave.)  8. DATE OF BIRTH  JAN 5-1915  CABNET MAKERS  14. MOTHER'S MAIDEN NAME  EVEL YN ROWN ROWN ROWN ROWN ROWN ROWN ROWN ROW	Interval Between
Male White The Marked of Work of the State of Bushess or Industry 11. Birthplace (State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State of State or foreign country of the State of State or foreign country of the State of State or foreign country of the State of State or foreign country o	AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min. 522  12. CITIZEN OF WHAT COUNTRY?  U. S. A.  D.S.S. 4/6 HAZLETTA  ADDRESS  VDALE  INTERVAL BETWEEN
Male White White Widowed, DIVORCED (specify)  Widowed, DIVORCED (specify)  Widowed, DIVORCED (specify)  Widowed, DIVORCED (specify)  JAN 5-1915  CABNET MAKERS  ATHERS NAME  CABNET MAKERS  ATHERS NAME  FOR FROSENDALE  VAS DECEASED EVER IN U.S. ARMED FORCES?  In or unknown), (If yes, give wor or doles of service)  ATHERS NAME  16. SOCIAL  SECURITY NO.	AGE (In years of the property
USUAL OCCUPATION (Give kind of work) 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign countries) CABNET MAKERS  ATHERS NAME  LORGE POSENDALE  VAS DECEASED EVER IN U.S. ARMED FORCES?  Indication of the contribution of the contri	WHAT COUNTRY?  U, S, A,  DSS 4/6 HAZLETTH  ADDRESS  VDALE  INTERVAL BETWEEN
during most of working life, even if retired)  CABNETMAKERS  14. MOTHER'S MAIDEN NAME  FORGE POSENDALE  (AS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	WHAT COUNTRY?  U, S, A,  DSS 4/6 HAZLETTA  ADDRESS  VDALE  INTERVAL BETWEEN
ATHER'S NAME  EORGE POSENDALE  (AS DECEASED EVER IN U.S. ARMED FORCES? no or unknown) (If yes, give wor or doles of service)  14. MOTHER'S MAIDEN NAME  EVEL YN RO  17. INFORMANT  17. INFORMANT	VDALE INTERVAL BETWEEN
EORGE POSENDALE  AS DECEASED EVER IN U.S. ARMED FORCES? TO OF UNKNOWN) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT	VDALE INTERVAL BETWEEN
no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	VDALE INTERVAL BETWEEN
	INTERVAL BETWEEN
ES WW II 212-03-000EMRS GEO. ROSE	INTERVAL BETWEEN
CAUSE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH Arteriosclerotic Car	diovascular
This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO  Disea	
injury or complication which coused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B.	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH? YES
21 A. EXTERNAL CAUSE WAS  JNDERLYING OR CONTRIB-  JTING CAUSE OF DEATH.  21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in home, form, foctory, street, office bidg., INJURY OCCUR?	Baltimore City, give exact location)
1D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY O	CCUR?
APPROX.)  while at NOT WHILE	
1 certify that I held an Inquiry Inspection AutopsyX and that an this ba	sis, death in my apinlan
resulted fram: Natural causes X Accident Suicide Hamicide Unde	termined manner
ACTUAL CHIEF MEDICAL EXAMI	DATE SIGNED
SIGNATURE SUNS MILD. ASSISTANT MEDICAL EXAMI	NER 🔼
EXAMINER'S ASSOCIATE MEDICAL EXAMI	
NAME (Type) Edward F. Wilson, M.D.  BURIAL CREMATION,  238. DATE  23C. NAME of CEMETERY or CREMATORY  23D. LOCAT	November 8, 1967  (City, town, or county) (State)
OVAL (Specify)	
	POLL CO. MD
DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR	ADDRESS
NOV 13 1967 Robert E. Farkeyna FARLEY-CAVAR	C11 A D1-11



shows: (1)

was D.O.

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

FULL NAME OF HOSPITAL OR

INSTITUTION

13. FATHER'S NAME

ves

3. PLACE OF DEATH IN BALTIMO

10A. USUAL OCCUPATION (Give kir

done during most of working life, even it

15. Was Deceased Ever in U. S. A. (Yes, no or unknown) (If yes,

(Type or Print)

Such on the

death.

0

prior

made.

5. SEX

attendance

a hospital and

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	TY HEALTH DEPARTMENT 67 10765
67 10765 CERTIFICA	ATE OF DEATH Registered No.
SHOUR, RAYMOND JOSE	2. DATE AND HOUR OF DEATH
ATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY
OF (If not in hospital or institution, give street oddless or location)	Maryland Bultimore  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Bultimore
MEMORIAL HOSP.	D. STREET ADDRESS (If rurol, give location) HOLO EIERMAN AVE.
6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. Hours Min. 07/18/16 9. AGE (In years III Under 1 Yr. Hours Min.
UPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI working life, even if retired)  U.S. Post Office	Baltimore WHAT COUNTRY?
ME	14. MOTHER'S MAIDEN NAME
Raymond shour	Frances RANGEREE Rosilek
Navy WW 2 212-07-4265	17 Narie Sebeck Shour, wife, Address above
SE OR CONDITION DIRECTLY LEADING TO DEATH (A)	Orforn Schrofe for Durch onset and Death
nat mean the made of dying, e.g., DUETO asthenia, etc. II means the disease, application which caused death.)	- acute impeardal infuction LV
ANTECEDENT CAUSES (B)	acome project the state of the
OR CONDITIONS, if any, giving e abave cause (A) slating the (C) G CONDITION last.	- Coute broncho premiuma
II  IFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT.	Wagmenezust.
F OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED DOOR	20A. AUTOPSY? (Yes of No.)  20B. IF YES, WARE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

OTHER SIGNIFICANT CONDITO THE DEATH BUT NO DISEASE OR CONDITION CA

(Month) (Doy) (Year)

Mailman

the above caus

DISEASE OR CONDIT

(This does not mean the n

heart failure, asthenia, etc. I

injury or complication which

DISEASES OR CONDITION

UNDERLYING CONDITION

6

21 A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF

DEATH (notify medical examiner)

la

CERTIFICATION

MEDICAL

21D. TIME OF INJURY

(APPROX)

23A. SIGNATURE

19A, DATE OF OPERATION

21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR?

21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

While At Not While Work At Work 22. I certify that (1) (this hospital) attended the deceased fram

ond that in (my) (our) opinion death occurred on the date that (I) (we) lost saw the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did not) view the bady ofter death.

25B. NAME OF REGISTRAR

Med. Director

23 B. DATE SIGNED Phys.

(If in Boltimore City, give exact location)

(Stote)

ADDRESS

23C. PHYSICIAN'S NAME (Type) TAWEE

11/10/67

M.D

Baltimore Nat.

Attending Phys.

23D. ADDRESS LOCATION or Mounty)

24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily)

(Hout)

Baltimore, Md.

Cem. Schimunek Funeral Home, Inc. Brehms Lane

VS 150-REV, 1/1/65

Burial

25A. DATE REC'D BY HEALTH DEPT.

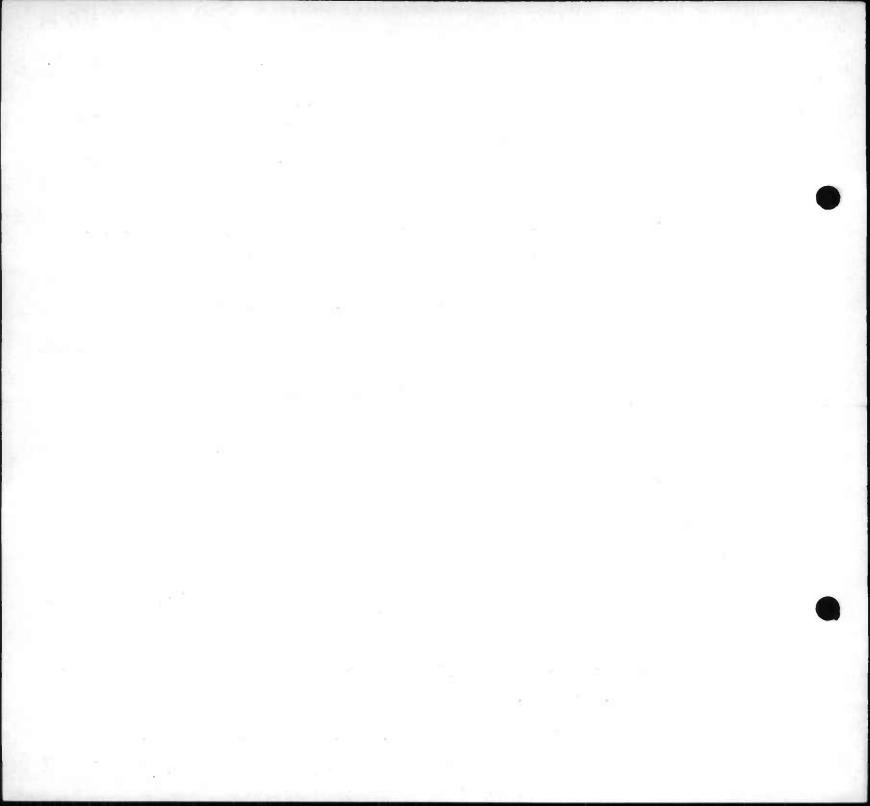
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- and mycentid afriction
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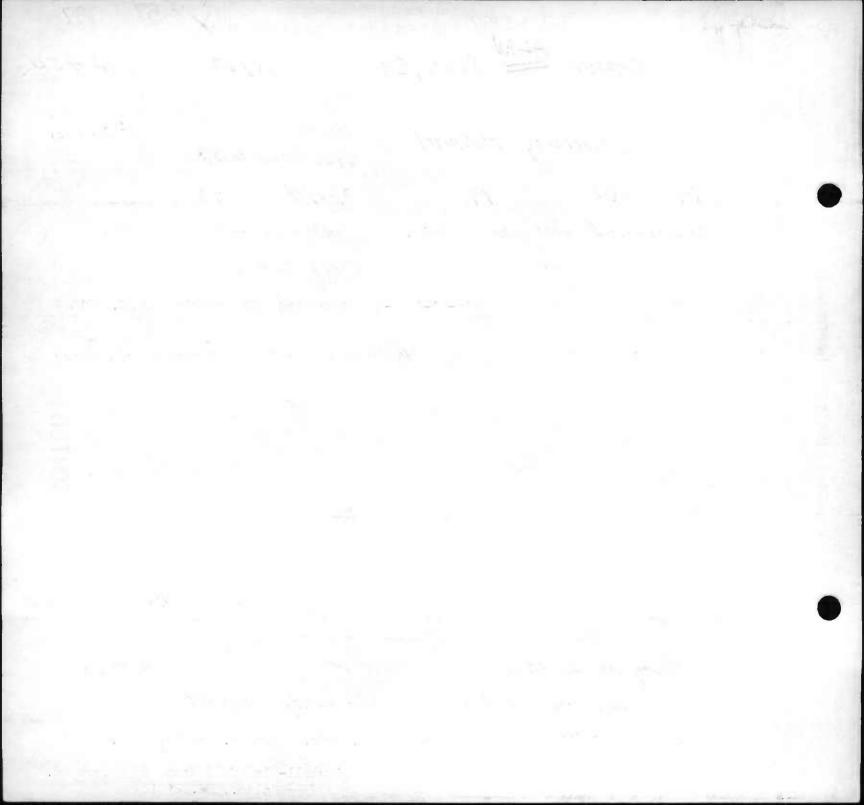
INCLESOR ALTO BE MEDICE TO THE MEDICAL PROPERTY. THE

Such 7

NAME OF DE	ALOIS HE	IDIIK		HOUR OF DEATH	4:30 a.
	EATH IN BALTIMORE, MA			8, 1967	titution: residence before odmission
PLACE OF D	EATH IN BALTIMORE, MA	RICAND	A. STATE B. COUNT	Υ	Thomas. Testaence before commission
FULL NAME		or institution, give street	Md., 2120		IIRAL and nive towardia)
INSTITUTION	dedicas of foodilar		Baltimore		OKAL did give mip)
00	821 N. Ros	e Street		ıral, give lacatian)	/ 0-
			821 N. Ro	se Street	
sex male	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH 9	AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	CUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at foreig		12. CITIZEN OF WHAT COUNTRY?
	of working life, even if retired) Denter	Novak Builders	Czechoslova	akia	U.S.A.
FATHER'S NA	à.	11000110011001100110011001100110011001100110011001100110011001100110011001100110011001100110011001100110011001	14. MOTHER'S MAIDEN NAM		
	John Hejd	uk	Marie S	Suchanek	
. Wos Decense	ed Ever in U. S. Armed Far		17. INFORMANT		ADDRESS
es, na at unknov	vn) (If yes, give wor or dote	s of service) SECURITY NO. 216-10-3435A	Mrs. Marie A.	Brown d	ahove
1B. A.A.		CAUSE 0		, Drown, C	INTERVAL BETWEEN
7	ASE OR CONDITION DI		0	4 0	ONSET AND DEATH
Dise	LEADING TO DEATH	(A) G	Margare Left	& Sleg	3 meles
	nal mean the made of		way were	4	
					-
	a, asthenia, etc. 11 means amplication which coused		to 1.00	0.0	7.
		death.)	tenoschrous g	eneralized	7,
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	dealh.)  (B)  DUE TO	teroschrosis &	eneralized	?,
DISEASES	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A)	dealh.)  (B)  DUE TO	tenoschrous g	eneralized	7,
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	dealh.)  (B)  DUE TO	teroschrosis g	everelized	?,
DISEASES	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION last.	dealh.)  (B)  DUE TO  any, giving slaling like (C)	tenoschrosis g	eneralized	?,
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving slaling lhe (C)	tenoschrous g	eneralized	?
DISEASES	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION last.  II  NIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING	dealh.)  (B)  DUE TO  DUE TO  any, giving slaling lhe (C)  CONTRIBUTING ATED TO THE IT.  (DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAL	FINDINGS CONSIDERED JSES OF DEATH?
DISEASES rise la l UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (C) 21A. ACCID OR CONTRI	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) in the condition last.  I NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING CONDITION CAUSING OF OPERATION 198. CONDITION 198. CON	dealh.)  (B)  DUE TO  DUE TO  ONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED	n or obout 21C. WHERE DID		PINDINGS CONSIDERED USES OF DEATH?  City, give exect locotion)
DISEASES rise la l UNDERLYIN  OTHER SIG TO THE DISEASE O  19A. DATE (C) 21A. ACCID OR CONTRI	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING DF OPERATION 198. CON WAS PER LENT WAS UNDERLYING BUTING CAUSE OF	dealh.)  (B)  DUE TO  DUE TO  ONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., i etc.)	n or obout 21C. WHERE DID	(If in Baltimore	
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O 19A.DATE ( 21A. ACCID OR CONTRI	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION last.  I NIFICANT CONDITIONS OF CONDITION CONDITIONS CONDITION CAUSING OF OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION 198. CONDITION CAUSING OPERATION CAUSING OPERATION 198. CONDITION CAUSING OPERATION CAUSING OPERATION CAUSING OPERAT	dealh.)  (B)  DUE TO  DUE TO  ONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., i etc.)	n or obout 21C. WHERE DID MJURY OCCUR?	(If in Baltimore	
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O  19A-DATE ( 21A-ACCID OR CONTRI DEATH (not)  21D. TIME (APPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) in the abov	dealh.)  (B)  DUE TO  DUE TO  any, giving slaling lhe (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whike At Work	n or obout 21C. WHERE DID MJURY OCCUR?	(If in Baltimore	
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O 19A.DATE ( 21A. ACCID OR CONTRI DEATH (not) CONTRI OF INJURY (APPROX.)  22. I certif	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION last.  I NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING OF OPERATION 198. CONDITION	dealh.)  (B)  DUE TO  DUE TO  any, giving slaling lhe (C)  CONTRIBUTING ATED TO THE IT.  (DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., in home, form, factory, street, and etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work  At Work  At Work	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION I LOSS.  I NIFICANT CONDITIONS CONDITIONS CONDITION CAUSING OF OPERATION 198. CON WAS PER LENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year)  Ty that (1) (this hospite a) lost sow the decease of the condition cause of the cause	any, giving sloling lhe (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., in both the part of the par	21F. HOW DID INJURY	(If in Baltimore	City, give exact location)
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION Iasl.  II NIFICANT CONDITIONS OF DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198. CON WAS PER  ENT WAS UNDERLYING BUTING CAUSE OF ify medical examine?  (Month) (Doy) (Year)  Ty that (1) (this baspite  ) Lost sow the decease  of from the couses sto	dealh.)  (B)  DUE TO  DUE TO  any, giving slaling lhe (C)  CONTRIBUTING ATED TO THE IT.  (DITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., in home, form, factory, street, and etc.)  (Hour)  21E. INJURY OCCURRED  While At Not White At Work  At Work  At Work	21F. HOW DID INJURY	(If in Baltimore	City, give exact locotion)
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION Iasl.  II NIFICANT CONDITIONS OF DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198. CON WAS PER  ENT WAS UNDERLYING BUTING CAUSE OF ify medical examine?  (Month) (Doy) (Year)  Ty that (1) (this baspite  ) Lost sow the decease  of from the couses sto	any, giving slating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., interpretation of the part	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY Ond Industrial Control of the con	(If in Baltimore  URY OCCUR?  9 6 7 to 10 tin (my) (por) opin	City, give exact locotion)  No. 19 6  No. 19 6
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O 19A.DATE ( 21A. ACCID OR CONTRI DEATH (not)  10 TIME (APPROX.)  22. I certif that (1) (wond hour of) 23A. SIGNA	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION I asl.  II NIFICANT CONDITIONS OF CONDITIONS OF OPERATION 198. CONDITION CAUSING OF OPERATION 198. CONDITION CAUSING (Month) (Doy) (Year)  Ty that (1) (this hespite of from the couses sto fure	any, giving slating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., interpretation of the part	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY Ond Injury Occur.	(If in Baltimore URY OCCUR?  9	City, give exact locotion)  No. 196  nion death occurred on the
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION I asl.  II NIFICANT CONDITIONS OF DEATH BUT NOT REL. OF OPERATION 198. CON WAS PER LENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year)  Ty that (1) (this hospite a) lost sow the deceose that from the couses sto FURE  LIANTS	any, giving slaling lhe (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  1) ottended the deceased from ted olive on ted olive on ted obove. (1) (We) (did) (did net) work  At Work	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY On the body ofter death.  Med.  Director  23D. ADDRESS	(If in Baltimore  JRY OCCUR?  9 (0.7 to	City, give exact locotion)  No. 196  nion death occurred on the
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certif that (!) ( ond hour o  23A. SIGNA  23C. PHYSIC NAME	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS OF DEATH BUT NOT RELA R CONDITION CAUSING OF OPERATION 198. CON WAS PER  ENT WAS UNDERLYING (Month) (Doy) (Year)  Ty that (1) (this bespite  A) Lost sow the deceose of from the couses sto URE  LANS (Type)  Dr. Louis	contributing stating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., in home, form, factory, street, a etc.)  (Hour) 21E. INJURY OCCURRED While At Not White At Work At	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY Ond Injury on the property of the body of the death.  23D. ADDRESS  4814 Bowle	(If in Baltimore  URY OCCUR?  9 67 to 70  of in (my) (oor) opin  Staff Phys.   US Lane	City, give exact locotion)  W. 8 1962  mion death occurred on the company of the
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE O 19A-DATE ( 21A-ACCID OR CONTRI DEATH (not)  CONTRI CAPPROX.)  22. I certif that (1) (wo	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION I last.  II NIFICANT CONDITIONS OF DEATH BUT NOT RELA OF OPERATION 198. CON WAS PER LENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year)  Ty that (1) (this hospite a) lost sow the decess Of from the couses sto FORE LIAN'S (Type) Dr. Louis  REMATION, 248. DATE (Specify)	any, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)  (Hour) 21E INJURY OCCURRED While At Not White At Work  H) attended the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with the deceased from ted obove. (I) (We) (did) (did net) with ted obove. (I) (We	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY Ond the old of the	(If in Baltimore  ORY OCCUR?  9 6 7 to 10  or in (my) (our) opin  Staff Phys.   US Lane  OCATION (Ci	City, give exact location)  W. 8 1962  nion death occurred on the  23B. DATE SIGNED  W. 8 196
DISEASES rise la l UNDERLYIP  OTHER SIG TO THE DISEASE OF DISEASE OF 19A.DATE ( 19A.DATE	ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A) NG CONDITION I asl.  II NIFICANT CONDITIONS OF DEATH BUT NOT RELA OF OPERATION 198. CON WAS PER LENT WAS UNDERLYING BUTING CAUSE OF (Month) (Doy) (Year)  Ty that (1) (this hospite a) lost sow the deceose that from the couses sto FURE LAN'S (Type)  Dr. Louis  REMATION, 248. DATE (Specify)	any, giving stating the (C)  CONTRIBUTING ATED TO THE IT.  IDITION FOR WHICH OPERATION FORMED  218. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)  (Hour) 21E. INJURY OCCURRED  While At Not White At Work  H) ottended the deceased from ted olive on ted obove. (1) (We) (did) (did net) with ted obove. (1) (We)	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY Ond the old of the	(If in Boltimore  ORY OCCUR?  9 6 7 to 7  or in (my) (our) opin  Stoff Phys.   ys Lane OCATION (Ci	City, give exact locotion)  1962  1962  1962  1972  1973  1974  1975  1975  1976  1976  1976  1976  1976  1976  1976  1976  1977  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  1978  19



07 40	~ ~ ~ ~	HEALTH DEPARTMENT	67 10767
BIRTH NO. 67 1.07	CERTIFICA	TE OF DEATH Registered No.	20,000
M.E. CASE NO.  1. NAME OF DECEASED.  (Type or Print)	1 2 44 6	2. DATE AND HOUR OF DEATH	
Chester ATTER	Peck, SR.	11/8/67	12:45PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	-	A. USUAL RESIDENCE (Where deceased lived. If is	nstitution: residence before odmission)
FULL NAME DF (If not in hospital or institution and institution oddress or location) INSTITUTION	on, give street	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
38 University,	Hospital	D. STREET ADDRESS , (If rurol, give location)	03-00
		6906 Petworth Rd.	
M W WIDON	ED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthday)  73	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ool distrib.	Baltimore, Maryland	USA
3. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Peck		Mary Toland	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give war or dates of servic	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	212-01-1060-4	Gwynn Peck 322 Worthing	ton Rd. #21204
18. 3 3 2 X I	CAUSE O	-	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) (R)/	middlecereb Art Thrombus	15 26 days
(This does not mean the made of dying, e heart failure, asthenia, etc. It means the disea	.g.,		
injury or complication which caused death.)	se,		
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any, givi			
rise to the above cause (A) stating	_		
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING			
U 19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	204. AUTOPSY? IYes or No. 208. IF YES, WERE	
WAS PERFORMED		M). IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID III in Boltimor fice bldg., INJURY OCCUR?	e City, give exact location)
O 21D. TIME   Month) (Doy) (Year)   Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not Whil	e 🦳	
	Work At Work		
22. I certify that (t) (this hospital) attende		10/13 19.67 to 1	18 19 6 7
that (I) ( <del>we)</del> last saw the deceased alive a	in ///	19 67 and that in (my) (our) api	inian death accurred an the do
and haur and from the causes stated above	. (I) (We) (did) ( <del>did not)</del> -v	iew the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
Mary n. Latter	M.D. Atte	ending Med. Stoff	11/8/67
Say n. Lattin	Phy	ending Med. Stoff Phys. 23D. ADDRESS	11/8/67
Mary M. Lattin	Phy	s. Director Phys. 23D. ADDRESS	11/8/67
GARY M LA	ttin M.D.	Oniversity Hospital	11/8/67
NAME (Type)  CARY  MAY  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  24C	HAD M.D.	Oniversity Hospital  MATORY 24D. LOCATION (C	11/8/67 ity, town, or county) (State)
NAME (Type)  CARY // LA7  24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)  Burial  11/11/67	M.D.  NAME of CEMETERY of CRE  Dulaney Valley 1	Director Phys. 23D. Address  Oniversity Hospital  EMATORY 24D. LOCATION (C)  Mem. Grds. Balto. County	
NAME (Type)  CARY // LA7  24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)  Burial  25A. DATE REC'D BY HEALTH DEPT.  25B. NAM	M.D.  NAME of CEMETERY of CRE  Dulaney Valley I	Director Phys. 223D. Address  Oniversity Hospital  EMATORY 24D. LOCATION 10  Mem. Grds. Balto. County  25C. FUNERAL DIRECTOR	Md.
NAME (Type)  CARY // LA7  24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)  Burial  25A. DATE REC'D BY HEALTH DEPT.  25B. NAM	M.D.  NAME of CEMETERY of CRE  Dulaney Valley 1	Director Phys. 23D. Address  Oniversity Hospital  EMATORY 24D. LOCATION (C)  Mem. Grds. Balto. County	Md.
NAME (Type)  CARY // LA7  24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)  Burial  11/11/67  25A. DATE REC'D BY HEALTH DEPT.  25B. NAM	M.D.  NAME of CEMETERY of CRE  Dulaney Valley I	Director Phys. 223D. Address  Oniversity Hospital  EMATORY 24D. LOCATION 10  Mem. Grds. Balto. County  25C. FUNERAL DIRECTOR	ADDRESS 6500 York Rd.



	OF ADES	BALTIMORE CITY	Y HEALTH DEPARTMENT	67 10768			
	ыятн но. 67 107	CERTIFICA	ATE OF DEATH Registered No.	. 01 10/08			
	I. NAME ON DECEASED		2. DATE AND HOUR OF DEATH	1			
	Type or Phylary H. Larkin	ype or Pfillary A. Larkin (ANNA I.) 11-7-67 10:30 A.M					
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, if A. STATE B. COUNTY	institution: residence before admission)			
	FULL NAME OF (If not in hospital or institution, gr	ve street	Mary land				
,	INSTITUTION	1	Baltimore limits, write	KUKAL ond give township)			
7	Maryland General t	tospital	D. STREET ADDRESS (If rurol, give location)				
5	1		120 (1010) 11 (11)	sing Home			
	F WIDOWED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?			
			Maryland	C1. S.			
200	13. FATHERS NAME LONG LONG KIN		ANNA G-alloway				
3	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
		-	Mr. George G. Christi				
5	18. 49/X I	CAUSE	Es Norto PN Eligo NIA	CC INTERVAL BETWEEN			
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	LEADING TO DEATH					
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.)	(0)					
0	ANTECEDENT CAUSES	DUE TO					
3	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)					
	UNDERLYING CONDITION lost.						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			~			
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?			
5	U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g.,		ore City, give exact lacotion)			
200	OR CONTRIBUTING CAUSE OF CEC.)	, form, foctory, street, c	office bldg, INJURY OCCUR?				
3	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
3	(APPROX.) While	e At Work		1			
5	22. I certify that (1) (this haspital) attended the deceased fram 1967						
	that (I) (we) last sow the deceased alive an						
2	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death.  23A. SIGNATURE   23B. DATE SIGNED						
	23A. SIGNATURE		tending Med. Stoff	1/- 7			
3	23C. PHYSICIAN'S	e Phy	23 D. ADDRESS	11-1-61			
2	NAME (Type)	M.D.	Maruland General	1 Hospital			
3	24A. BURIAL CREMATION, 24B. DATE 24C. NA. REMOVAL (Specify)	ME of CEMETERY or CR	REMATORY 24D. LOCATION	City, town, or county) (State)			
	Burial 11/9/67 Ga:	rdens of Fa	Balto.				
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	FREGISTRAR	Michell-Wiedefeld He	gme, Inc.			
	NOV 1 3 1967 O. 6 8	Farleyta	Michell-Wiedefeld Ho 6500 York Rd. 2121	2			
	VS 150-REV. 111/65						

But on the Istiquet bound harporte Setted Hill Named Head 73 18-21-2 Harris W Burn process Mark Galleney Market Park to the state of the 9 Desperation, Autobio Literary F - 11 F3 8 - 11 - 11 between it i modern Marghant Connel Hay to

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MPORTANT	Accietant
IMP	or his
DIRECTOR:	Is the chief modical examiner or his accidental if al
FUNERAL	chine modi
4	a ala
	4

1. NAME OF (Type or Print)		ius Conra	d (Jr.)		ember 6, 196	
3. PLACE OF	BRANDT, Jul	MARYLAND	(01.)	4. USUAL RESIDENCE (W	nere deceased lived. If i	institution; residence before odn
ELLI NAA	i 05 /// i- base	tant na impatanaton		Maryland Ba		
HOSPITAL	OR oddress or loc	itol or institution, otion)				RURAL and give township
0.0	Veterans Adm 3900 Loch Ra			Baltimore		2/:
0	Baltimore, M			D. STREET ADDRESS	If rural, give location)	,
				1114 Hollen		
Male	6. RACE Caucasian	Marrie		2-3-1894	9. AGE (In years lost birthday)	If Under 1 Yis If Under 1 Months Doys Hours
done during mo	CCUPATION (Give kind of t of working life, even if retir	work 10 B. KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	n, Retired		Electric Co.	Maryland		U. S. A.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
Julius	Brandt, Sr.			Margarette R	amming	
15. Was Deced	sed Ever in U. S. Armed	Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT Record	ds	ADDRESS
Yes	5-9-17 to		212-05-6436A			e, Md. 21218
18.	3.81			F DEATH		INTERVAL BETWEE
	EASE OR CONDITION		Com	cinomatosis		1 yr.
(This day	LEADING TO DEA				**************************************	- y- y
(IIIIS GOE						
heart foil	re, asthenia, etc. It me		DUE TO C	arcinoma of col	on and	2
heart foil	ore, asthenia, etc. It me complication which cou	ons the disease, sed deoth.)	100	arcinoma of col	on and is to liver	l yr.
heort foild injury or	ore, asthenia, etc. It me complication which cou ANTECEDENT CAU	ons the disease, sed deoth.) SES	(B)	arcinoma of col	on and is to liver	l yr.
heort foild injury or DISEASES	ore, asthenia, etc. It me complication which cou	ons the disease, sed deoth.) SES if any, giving	(B)	matastas	is to liver	
heart failiniury or  DISEASE:	ore, aslhenia, etc. Il me complication which cou ANTECEDENT CAU OR CONDITIONS,	ons the disease, sed deoth.) SES if any, giving	(B)	arcinoma of col	is to liver	
heort foild injury or DISEASES rise to UNDERLY	ANTECEDENT CAU OR CONDITIONS, The obave cause ING CONDITION lost.	ons the disease, sed deoth.) SES if any, giving A) stating the	(B)	matastas	is to liver	
DISEASE rise to UNDERLY  OTHER SI TO THE	ore, asthenia, etc. It me complication which countries of the countries of	ons the disease, sed deoth.) SES if any, giving A) stating the S CONTRIBUTING	(B)	metastas	is to liver	
DISEASE rise to UNDERLY  OTHER SI TO THE	ANTECEDENT CAU OR CONDITIONS, The obave cause (ING CONDITION Iost.  GNIFICANT CONDITION TO CONDI	ons the disease, sed deoth.) SES if any, giving A) stating the S CONTRIBUTING	(B)	matastas	is to liver	
DISEASE rise to UNDERLY  OTHER SI TO THE DISEASE 19A. DATE 21A. ACC	ANTECEDENT CAU OR CONDITIONS, The obave cause (ING CONDITION Iost.  GONIFICANT CONDITION OS.  GONIFICANT CONDITION OF CONDITION CAUSIN OF OPERATION 198. (WAS)	ons the disease, sed deoth.)  SES  if any, giving A) stating the  SECONTRIBUTION  RELATED TO THE GIT.  CONDITION FOR VPERFORMED	(B)	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	
DISEASE rise to UNDERLY  OTHER SI TO THE DISEASE 19A. DATE 21A. ACC	ANTECEDENT CAU OR CONDITIONS, The obave cause (ING CONDITION Iost.  GNIFICANT CONDITION TO CONDI	ons the disease, sed deoth.)  SES  if any, giving A) stating the  SECONTRIBUTION  RELATED TO THE GIT.  CONDITION FOR VPERFORMED	(B) DUE TO  (C)  G  BE  WHICH OPERATION  PLACE OF INJURY (e.g., re, lorm, foctory, street, center), street, center, ce	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASE rise to UNDERLY OTHER SI TO THE DISEASE 19A. DATE 21A. ACC OR CONT DEATH (n	ANTECEDENT CAU  OR CONDITIONS, The obave cause (ING CONDITION IOSI,  OR CONDITION IOSI,  OR CONDITION IOSI,  OR CONDITION IOSI,  OF OPERATION 198, (WAS)  DENT WAS UNDERLYIN RIBUTING CAUSE OF Obily medical examiner)	ons the disease, sed deoth.)  SES  if any, giving A) stating the  SECONTRIBUTING THE TENT TO THE TENT THE TE	(B) DUE TO  (C)  G  BE  WHICH OPERATION  PLACE OF INJURY (e.g., re, lorm, foctory, street, center), street, center, ce	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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NOTHER SI TO THE DISEASE TO THE DISE	ANTECEDENT CAU  OR CONDITIONS, The obave cause ING CONDITION lost.  GONE CONDITION ING. THE OBAVE CAUSE OF OPERATION  OF OPERATI	ons the disease, sed deoth.)  SES  if any, giving A) stating the second to the second	G  B  WHICH OPERATION  PLACE OF INJURY (e.g., ce, lorm, foctory, street, ce)  INJURY OCCURRED  ite At  Not Whirk  At Work	20A. AUTOPSY? (Yes or No No In or obout 21C, WHERE DID INJURY OCCUR?	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location)
NOTHER SITUATION OF INJUR (APPROX.)	ANTECEDENT CAU  OR CONDITIONS, The obave cause (ING CONDITION IOSI.  GNIFICANT CONDITION OF CONDITION CAUSIN OF OPERATION 198.  DEATH BUT NOT 1 OR CONDITION CAUSIN OF OPERATION 198.  DENT WAS UNDERLYIN RIBUTING CAUSE OF Obtily medical examiner (Month) (Doy) (Y.)  ify that (4) (this hasp	ons the disease, sed deoth.)  SES  if any, giving A) stating the  SECONTRIBUTION TO THE CONDITION FOR A PERFORMED  G 218 hometa.  CONDITION FOR A PERFORMED  G 218 hometa.  Whometa.  Whometa.	G  B  WHICH OPERATION  PLACE OF INJURY (e.g., to the property of the property	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID iffice bidg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  re City, give exact locotion)
NOTHER SITO THE DISEASE TO THE DISEA	ANTECEDENT CAU  OR CONDITIONS, The obave cause (ING CONDITION IOS).  GONE CONDITION IOSI.  GONE CONDITION IOSI.  GONE CONDITION IOSI.  OF OPERATION 198. (WAS)  DENT WAS UNDERLYING CAUSE OF Obily medical examiner)  (Month) (Doy) (You if you have the condition in	ons the disease, sed deoth.)  SES  if any, giving A) stating the second to TH (SELATED TO TH (SE	GE WHICH OPERATION  PLACE OF INJURY (e.g., lorn, foctory, street, of the lord	20A. AUTOPSY? (Yes or No. n or obout 21C. WHERE DID in the bidg., INJURY OCCUR?  21F. How DID IN 10 OVEMber 3, 19 67 and	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? re City, give exact location)
NOUTHER SITO THE DISEASE  TO THE DISEASE  TO THE DISEASE  19 A. DATE  21 A. ACC OR CONT DEATH (n  21 D. TIME OF INJUR (APPROX.)  22. I cert thot (1) ( and hour	ANTECEDENT CAU  OR CONDITIONS, The obave cause ING CONDITION lost.  CONDITION OF CONDITION CAUSE  OF OPERATION 198.  (Month) (Doy) (Your first that (1) (this haspen)  we) lost saw the deceleration which causes  In the causes  OF OPERATION 198.  (Month) (Doy) (Your first that (1) (this haspen)  In the causes  On the causes	ons the disease, sed deoth.)  SES  if any, giving A) stating the second to TH (SELATED TO TH (SE	GE WHICH OPERATION  PLACE OF INJURY (e.g., lorn, foctory, street, of the lord	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID iffice bidg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	re City, give exact location)  mber 6, 19
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DISEASE rise to UNDERLY  OTHER SI TO THE DISEASE 19 A. DATE  21 A. ACC OR CONT DEATH (n OF INJUR (APPROX.)  22, I cert thot XI) ( and hour 23 A. SIGN	ANTECEDENT CAU  OR CONDITIONS, The obave cause (ING CONDITION IOS).  OR CONDITION IOSI.  OR CONDITION IOSI.  OR CONDITION OR CONDITION OF CONDITION CAUSING CONDITION CAUSING CAUSE OF OTHER CAUSE OF CONDITION (Month) (Doy) (Your off the causes of the causes of the condition the causes of the condition of the cause of the condition of the cause of the	ons the disease, sed deoth.)  SES  if any, giving A) stating the second to TH (SELATED TO TH (SE	GE WHICH OPERATION  PLACE OF INJURY (e.g., ce, lorm, foctory, street, ce)  INJURY OCCURRED to the deceased from November 6, (We) (did) (did)	20A. AUTOPSY? (Yes or No No In or about 21C. WHERE DID In office bidg., INJURY OCCUR?  21F. HOW DID IN 19 67 and wiew the body after death office bidg. Med. Director	No) 20B. IF YES, WERE IN CERTIFYING CA	re City, give exact location)  mber 6, 19
NOTHER SITO THE DISEASE TO THE DISEA	ANTECEDENT CAU  OR CONDITIONS, The obave cause (ING CONDITION IOS).  OR CONDITION IOSI.  OR CONDITION IOSI.  OR CONDITION OR CONDITION OF CONDITION CAUSING CONDITION CAUSING CAUSE OF OTHER CAUSE OF CONDITION (Month) (Doy) (Your off the causes of the causes of the condition the causes of the condition of the cause of the condition of the cause of the	ons the disease, sed deoth.)  SES  if any, giving A) stating the second to the second to the second	GE WHICH OPERATION  CPLACE OF INJURY (e.g., ine, larm, factory, street, one)  INJURY OCCURRED ite At Work he deceased from November 6, which was a constant of the constant of	20A. AUTOPSY? (Yes or No No In or about 21 C. WHERE DID Iffice bidg., INJURY OCCUR?  21F. HOW DID IN 19 67 and view the body after death of the deat	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)  The City of the exact location of the exa
NOTHER SITO THE DISEASE TO THE DISEA	ANTECEDENT CAU  OR CONDITIONS, The obave cause ING CONDITION lost.  II  GNIFICANT CONDITION OR CONDITION CAUSIN OF OPERATION 198. (WAS  DENT WAS UNDERLYIN MEBUTING CAUSE OF Obily medical examine)  (Month) (Doy) (Yas)  ify that (1) (this hasp we) lost saw the dece	ons the disease, sed deoth.)  SES  if any, giving A) stating the second to the second th	GE WHICH OPERATION  PLACE OF INJURY (e.g., ce, lorm, foctory, street, ce)  INJURY OCCURRED At Work he deceased from November 6, (We) (did) (did)  M.D. Att Phy	20A. AUTOPSY? (Yes or No	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Bohimo  NJURY OCCUR?  19 67 to NOVE  that in (my) (our) op  Statt Phys. X	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  The City, give exact location in the city in
NOTHER SITO THE DISEASE TO THE DISEA	ANTECEDENT CAU  OR CONDITIONS, The obave cause ING CONDITION IOSI.  GNIFICANT CONDITION OR CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CAUSE OF OPERATION (Month) (Doy) (Your off the causes of the cause of the causes of the cau	ons the disease, sed deoth.)  SES  if any, giving A) stating the second the s	GE WHICH OPERATION  CPLACE OF INJURY (e.g., ine, lorm, foctory, street, one)  INJURY OCCURRED  INJURY OCCURRED  IN OVEMBER  November  Movember  Mo	20A. AUTOPSY? (Yes or No No In or about 21 C. WHERE DID Iffice bidg., INJURY OCCUR?  21 F. HOW DID IN 19 67 and view the body after death of the body	No) 20B. IF YES, WERE IN CERTIFYING CA  (If in Bohimo  NJURY OCCUR?  19 67 to NOVE  that in (my) (our) op  Statt Phys. X	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)  The City of the exact location of the exa
NOUTHER SET TO THE DISEASE TISE TO UNDERLY DISEASE TO UNDERLY DISEASE TO THE DISE	ANTECEDENT CAU  OR CONDITIONS, The obave cause ING CONDITION lost.  OR CONDITION lost.  II GNIFICANT CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CAUSE OF OPERATION (Month) (Doy) (Your condition of the causes of the cause of the causes o	ons the disease, sed deoth.)  SES  if any, giving A) stating the second to the second to the second to the second the sec	GE WHICH OPERATION  PLACE OF INJURY (e.g., ce, lorm, foctory, street, ce)  INJURY OCCURRED At Work he deceased from November 6, (We) (did) (did)  M.D. Att Phy	20A. AUTOPSY? (Yes or No No nor about 21 C. WHERE DID Iffice bidg., INJURY OCCUR?  21 F. HOW DID IT  AOVEMBER 3, 19 67 and view the body after death  and view the body after death  and Director 23.  23D. ADDRESS  VAH, Baltimore  EMATORY 24D.	No) 20B. IF YES, WERE IN CERTIFYING CA.  (If in Boltimo  NJURY OCCUR?  19 67 to NOVe  that in (my) (our) op  Statt Phys. X  29 Mde  LOCATION (C.	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  The City, give exact location in the city in

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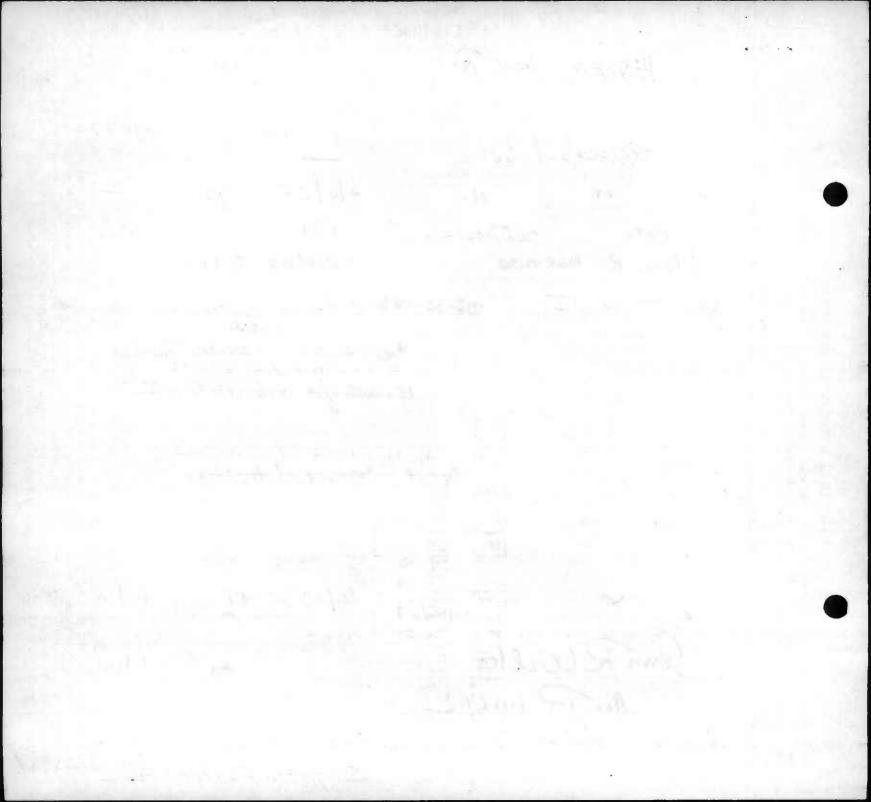
67 10770 BALTIMORE CITY HEALTH DEPARTMENT

AEDICAL EVA AAINED'S CERTIFICATE OF DEATHS AND TO AND TO AND TO A THE STATE OF THE

BIRTH NO. MED	ICAL EXAMINER 3 C	EKTIFICATE OF DEATH Registered	No.	
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)  JOS	SEPHINE NAVAGROCKS	November 9, 1967	1:00 PM	
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE Maryland	n: residence before admission	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside corporate limits, write RUR	11.5	
1/2		Baltimore 53.00		
St. Agnes Hosp	oital	3109 Lorena Avenue		
5. SEX 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)  PIVOR (ED)	10/28/25   lost birthdoy  Mo	Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.	
10A. USUAL OCCUPATION (Give kind of worldone during most of working lite, even if retired)	Md. Box Co.	MJ	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
GABRIEL TANUS A.	FORCES? 16. SOCIAL	ANNA DELTUVA 17. INFORMANT ADI	DRESS	
(Yes, no or unknown) (If yes, give wor or dote	SECURITY NO.  2/228436	VINCENT B. TANSON		
DISEASE OR CONDITION DI LEADING TO DEATH (This does not meon the mode of heort foilure, osthenio, etc. It meons injury or complication which caused	RECTLY  dying, e.g., the disease, DUE TO	cute peritonitis	INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.  Z OTHER SIGNIFICANT CONDITIONS	ANY, GIVING DUE TO CONTRIBUTING	unshot wound of abdomen		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER 11-3-67  V 21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.	GIT.  IDITION FOR WHICH OPERATION FORMED  GUNShot wound	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O Yes, in or obout 21C. WHERE DID (If in Boltimore City, give ex office bldg, INJURY OCCUR? (Mary land Box	OF DEATH?	
21D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.) 11-3-67 7:0	Hour 21E. INJURY OCCURRED	4545 Old Annapolis Road 21F. How DD INJURY OCCUR? WHILE Shot during altercation	25-32	
I certify that I held an I resulted fram: Natural ca	8) Signitus	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED	
NAME (Type)	S. Springate, M.D.		ember 9, 1967	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)  CREMATION	23C. NAME of CEMETERY	CREMATORY 23D. LOCATION (City, lown	n, or county) (Stote)	
NOV 1 3 1967	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR 301FRE	ADDRESS PERICK Rd	
VS 151-REV. 1/1/65 N8 7 9	724 200	1 (1 1) ()	45	

The section work of the con-The state of the s . T. C. Demis . Continue

67 10771 CERTIFICA	HEALTH DEPARTMENT 67 10771
BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
M.E. CASE NO.  1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print) HPRMAN LEON R.	11/10/67. 6/30 - M.
3. PLACE OF DEATH'IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE  B. CDUNTY
FULL NAME OF (If not in hospital or institution, give street HDSPITAL OR oddiess oi location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)
10 1101	Halmans 21077 -
48-AMARY And Gen'l.	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yt. If Under 24 Hrs. Months; Doys Hours; Min.
M W. M.	2/6/95. 72
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Rot Tang	md. usa
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin R Harman	Carolina Tubbs -
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give war at dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Us - ww I -910-32-065	8 Patherine & Hopman Sprawtt
23 32	F DEATH  INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH  (This does not mean the made of dying, e.g., DUE TO	pudensive vascular dispase,
heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.)	PULMONAMY EDEMA
ANTECEDENT CAUSES (8)	cyclined and consciences.
DUE TO	**************************************
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C)	
UNDERLYING CONDITION lost.	
- II CAROL	NOMA (R) LUNG
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Irenand claret on
DISEASE DR CONDITION CAUSING IT.	The state of the s
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in the condition of the condi	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or DEATH (notify medical examiner)	n at about 21C. WHERE DID (If in Baltimore City, give exact lacotion) ffice bldg., INJURY OCCUR?
27D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED  While At Not Whi	21F. HOW DID INJURY OCCUR?
22. I certify that (U) this hospital) attended the deceased from	
tho(Al) (we) lost sow the deceosed olive on	ond that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE & OLC M.D. Att	ending Med. Stoff Phys. Stoff
23C. PHYSICIAM'S NAME (Type)  M.D.	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	ENATORY 24D LOCATION (C.
REMOVAL (Specify)	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Surial 11/13/67 Friendship Com	story H.A.Co. MARY land
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF JEGISTRAY	25C. TUNERAL DIRECTOR ADDRESS
are the dispersion of court	Singleton FUNERAL from Surve, mg.
VS 150-REV. 1/1/65	9 9 9



BAL	LTIMORE CITY HEALTH DEPARTMENT
M.E. CASE NO.	RTIFICATE OF DEATH Registered No. 67 10772
(Type or Print) Mary 10.6	romwell 2. Date and Hour of Death
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where discessed lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give jownship)
00	Baltimore /6-06
2712 Harlem Ave	2712 Harlem Ave
5. SEX 6. RACE NEGFO 7. MARRIED, NEVER M WIDOWED, DIVORCE MALFINE	
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS done during most of working life, even if retired)  Engine Factor	OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
John Cromwell	Smith?
	RITY NO. 27/2 Harlem as
NO 213	CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not meon the made of dying, e.g.,	DUE TO
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Curchasis of Lucy Hakaning
ANTECEDENT CAUSES	DUE TO.
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.	(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	PERATION 120A, AUTOPSY? (Yes or Noll 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	PERATION 20A. AUTOPSY? (Yes or Not 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF	F INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact tocotion) street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OF INJURY	Not While T
(APPROX.) Work	At Work
22. I certify that (I) (this hospital) attended the decease that (I) (we) last sow the deceased olive on	
and hour and fram the causes stated above. (1) (We) (di	
23A. SIGNATURE & S. Alolt, In D.	M.D. Attending Med. Stoff Phys. 238, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) F. F. Holf	M.D. 27/66 if actio Hats (w. Balt, are not
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE.	METERY OF CREMATORY 24D. LOCATION (City, flown, or county) (Stotel
Bura 11/15/6) Busto	Part Cooksielle, Haward Co. Web.
NOV 13 1967 PL SE E LOS	Grand Standard 1201 Michigan

Wml. Co Catheran h

VS 150-REV. 1/1/65

Ole I Comy Departer " ! Compass of Liver Wife on 01/11 99 13 4/01 01/11 E.E. Holl m.D 3715 hoberty lofts and freel, ......

	67 10	773 BALTIMORE CITY	HEALTH DEPARTMENT		T ADDING
	TH NO.	CERTIFICA	TE OF DEATH R	egistered No.	07 19773
1. N	AME OF DECEASED		2. DATE AND HO	UR OF DEATH	
	LOTUS, JOS	EPH A	11/10/6	7	4:15 P.M
	EACT OF PEATH IN PACINIONS MARIENTS		A. STATE B. COUNTY	sasea wea. II instituti	on: residence perore damission)
	FULL NAME OF (If not in hospital or instilution oddress or location)	an, give street	MARYLAND C. CITY OR TOWN (If outside c	ity limits, write RURA	
1	NSTITUTION		BALT IMORE	ity limits, write KOKA	and give township)
7	ST. AGNES HOSPITAL			give location)	
L			1310 W. LOMBA	RD STREET	
5, 5	WIDO	RRR IED	8. DATE OF BIRTH 9. AG lost bi	E (In years of Mainthday)	Jnder 1 Yr. (f Under 24 Hrs. oths Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10 B, KIND educing most of working life, even if retired)	OF BUSINESS OR INDUSTRY		antry) 12.	CITIZEN OF WHAT COUNTRY?
1	Lactor. Ela	etina 60.	LITHUANIA	-	U. S.A.
13.	ANTHONY LOTUS	/	ANNA MASKIS		
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no or unknown)(If yes, give wor or dotes af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	215035604	ST AGNES RECOR	DS - CATO	N & WILKENS
	18. 4.20.01	CAUSE O	F DEATH	110	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dy	4./44 1.5	2. 2/1	
	(This does not mean the mode of dying,	(A) DUE TO	200000000000000000000000000000000000000	30 Hea	1) (NJOS)
	heart failure, osthenio, etc. It means the diser	ase, By	m-01-1,	2	
	ANTECEDENT CAUSES	(B)	111000000-6	me	D72-01
	DISEASES OR CONDITIONS, if any, give	ring (A)	Who was	bynn	1-1,
	rise to the obove cause (A) stating UNDERLYING CONDITION last.	The (C)	1001110000	10000	020
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				
U		OR WHICH OPERATION		IF YES, WERE FINDI	
ERTIFI	WAS PERFORMED		NO	CERTIFYING CAUSES	OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in hame, form, foctory, street, at etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City	, give exact locotion)
03	21D. TIME (Manth) (Doy) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY C	CCUR?	
8	(APPROX.)	While At Not While Work At Wark			
	22. I certify that (I) (this hospital) attended	ed the deceased fromOC	TOBER 25 19 6	7 10 NOVEM	BER 10 19 67
	that (I) (we) last sow the deceased alive	on NOVEMBER 10			death occurred an the date
	and hour and from the causes stated above				
	23A. SIGNATURE P QAMELA	72.22		23 8.	DATE SIGNED
	A- Jeorge 00	M.D. Atte	ending Med. Staff Phys.		NOV.10,1967
	23 C. PHYSICIAN'S NAME (Type) CEORC	FANCOLO.	ST.AGNES HOSPIT	AL, WILKEN	S & CATON AVE
244	REMOVAL (Specify)	NAME OF CEMETERY OF CR	EMATORY 24D. LOCATI	ON (City. to	wn, ar county) (State)
1	June 11/14/67	andon Oh.	Cemen 1 1	( a or	b. hel
25A	DATE REC'D BY HEALTH DEPT. / 258, NAM	AE OF REGISTRAR	25C. FONERAL DIRECTOR	1	ADDRESS 901
	NUV 1 3 1967 R Cub	E tarberes	How y your	notion &	ne, Holling R
VS	150-REV. 1/1/65				23, md.

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20 ENDER D. T.S. - INLUSIN 2500- 72 VENDERS

SVA MOTAO & ENERGIFF, ATTREON ERMEATE

## 67 10774 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
WILLIAM J. HELMS	November 8, 1967 1:50 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give town hip)
	Baltimore 20-00
2642 Delaney Street	D. STREET ADDRESS (If rurol, give location)
2042 Delaney Street	2642 Delaney Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
Male White married	12/23/12 545
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR'	
done during most of working life, even if retired)  Labor  Warehouse	Virginia WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William a. Helms	Rose Jarels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknawn), (If yes, give wor ar dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 225-01-575	8non bloken 1/ sem & House SX
lso.	E OF DEATH  INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the mode of dving e.g.,	ic bronchitis and emphysema
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
N N N N N N N N N N N N N N N N N N N	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  (C)	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Boltimare City, give exact lacation)
O UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE VORK
22. I certify that I held on Inquiry Inspection Au	topsyX and that on this basis, death in my opinion
resulted from: Natural causes X Accident Suicid	He Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL /	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	
NAME (Type)	ASSOCIATE MEDICAL EXAMINER November 9, 1967
23A. BURIAL CREMATION, 23B. DATE . 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
24A. DATE REC'D BY HEALTH DEPT.   24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 13 1967 Robert E. Farbura	Walters Funeral Home Pratt + Strucker 13
VS 151-REV. 1/1/65	

The paralle to be seen a

BALTIMORE CITY HEALTH DEPARTMENT							
BIRTH NO. 67-21490 67 10775 CERTIFICATE OF DEATH Registered N	67 10775 x						
1. NAME OF DECEASED  1. NAME OF DECEASED  2. DATE AND HOUR OF DEA  (Type or Print) BENTLE! Shell J	TH PM						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceosed lived.  A. STATE 8. COUNTY	If institution; residence before admission)						
FULL NAME OF (If not in hospital or institution, give street)	yland Bults. Co						
INSTITUTE HOPEITAL PIL	ite RURAL ond give township)						
D. STREET ADDRESS (Il rurol, give locotion)	71						
50 Ridgemoor	1						
5. SEX F 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) Oct 28,67	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stofe or foreign country) done during most of working life, even if relired)	12. CITIZEN OF WHAT COUNTRY?						
NONE NONE BUTTONE WAY	yours USAI						
DARIE / REVITIEN MANAGELLA MANA							
15. Wol Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS						
NO PARIS BENTLEY	ABOVE						
18. 7 5 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	36 hrc						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
injury or complication which caused death.)							
ANTECEDENT CAUSES  (B)  DUE TO							
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	TRE FINDINGS CONSIDERED CAUSES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bolti	more City, give exoct locotion)						
J OR CONTRIBUTING CAUSE OF   home, (offin, foctory, street, olfice bldg., INJURY OCCUR?							
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
(APPROX.) Work At Work	11 0 17						
22. I certify that (I) (this haspital) attended the deceased from 1966 to 1966 to that (I) (we) last saw the deceased alive on 1177 1967 and that in (my) (aur)	11 - 8 1961,						
that (I) (we) last saw the deceased alive an	apinian death accurred on the date						
23A. SIGNATURE	23 B. DATE SIGNED						
M.D. Attending Med. Director Phys.	11-8-67						
MYRON JT. Adams, Jr M.D. Tohus Hopkins	Hospital						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION	(City, towe, or county) (Stote)						
BURIAL 1/10/67 OAK LAWN BALTO.	mo.						
NOV 13 1967 P.D. B & Faller J. J. CONNELLY S.	ADDRESS						
NOV 13 1967 Polyet E. January J. E. CONNELLY 5.	ONS 300 MACE						

48-8-11 Such such - with JOHNS HOHMS HOSPITAL ENHANCE 50 Ridgeness Rd OI DEVER MARKED OCT 28,67 BB 10 NONE BOHTIMON Maryle d 19494 PARIS C. BENTLEY BUOU Septicamia 36 Mrs - or sents empet 10-18-01 11-8 10-31-8 67 11-8 2) -8-11 of complete the stand to your

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

and the second s		HEALTH DEPARTMENT		67 40770
BIRTH NO. 67 1	3776 CERTIFICA	TE OF DEATH	Registered Na	01 10110
M.E. CASE NO.	CERTIFICA		1 10	
1. NAME OF DECEASED (Type or Print)	rank		HOUR OF DEATH	7 PM N
3. PLACE OF DEATH IN BALTIMORE MARYLAND	MENDED	4. USUAL RESIDENCE (Where	deceased Wed. If instit	tution: residence before admission)
CEUTE AME-OF (If not in hospital or institu	AT CLADED	Mo	baltimon	re (VA
HOSPITAL OR oddress or location) INSTITUTION	11-20-67	C. CITY OR TOWN (If outs	ide city limits, write RUI	RAL and give township)
INSTITUTION I	0.1-10	1 hax+ illir	7/8 212	DY 53-00
The soul of soul soul soul soul	VHEDOUTAL	D. STREET ADDRESS	ural, give location)	V. OT
John Wante Comme	140001	1 917 Dula	Mey Val	lly 77 Court
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy	If Under 1 Yr. If Under 24 Hrs. Aonth's Doys Hours Min.
	Married	(0) ) )   9	(08)	
IDA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)		11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
Stock & Bond Trader-retola	Brokers	Beltin	1001	454
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE A	_
JOHN C Fr	omk	HNNa	H K-EU	4-2- KRATZ
5. Was Deceased Ever in U.S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO. (	17. INFORMANT	ο α Λ	ADDRESS
	215 05 284	Hason	28 (1)	AS
18. / - /	CAUSE O	F DEATH	an och	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	a		150.11	ONSET AND DEATH
LEADING TO DEATH	an Conn	MINMUN O	1 181adaa	1 5 4VS
(This daes not meen the mode of dying,			(	
heart failure, asthenia, etc. It means the disc injury or camplication which coused deoth.)	ease,			1
ANTECEDENT CAUSES	(B)			······································
DISEASES OR CONDITIONS, if ony, gi	DUE TO			
rise to the above cause (A) stoling				
UNDERLYING CONDITION 10st.	868 VAN 68 69 98 84	# 90 mm 9 m 9 m 9 m m m m m m m m m m m m		
ll				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID	(If in Boltimore C	lity, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
U				
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
(APPROX)	While At Not While At Work	e 🗌 /	. 0	/ / -
22. I certify that (1) (this hospital) attend	led the deceased from	1 1/19 1	0//10 11-	10th +++++== (0
	27 7244 1//			for front desired to the second
that (N (we) last saw the deceased alive	1		t in (my) (aut) apinio	an death accurred an the dat
and haur and from the causes stated abay	ve. (1) (We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	//		2:	B. DATE SIGNED
al Vinneys Mi	M.D. Atte	nding Med. Director	Stoff Phy s.	11/1/10/
23 C. PHYSICHAN'S	V - 1/	23D. ADDRESS		11/1/10/
NAME (Type)	M.D.			
DAA BIIDIAI CREMATION 1949 DATE		TALATORY TOUR	CATION	100
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRI			town, or county) (Stote)
(remation Nov. 13, 196)	7 Greenmount be	netery Bal	timore, Pary	<i>Land</i>
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	and the second	ADDRESS
NOV 1 3 1967 (R.D.	. B & starber MA	John Burns Si	ons, Towson,	rd.
/\$ 150-REV. 1/1/65		11-7-1		

V.S. 153 and Letter from Md. Gen'l Hosp. 11-20-67 M.H.

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FUNERAL DIRECTOR: IMPORTANT	ine	acti	pr	la	showing the formaine are embalmed or final disposition is made
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deaths.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital	deceased prior to death);	written annanced mitthe
	ific	A (	Y.	d	400
	ert	5: (	0.0	Ise	200
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PARCE OF DEATH IN BALTIMORE, MARYLAND  PLUL NAME OF OFTEN ON THE O'S PITAL  SEX  MACE  OSTRACE  OSTRAC	DATE AND HOUR OF DEATH				
FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital ar institution, give street oddress or locohon)  FULL NAME DF (If not in hospital are institution, give street oddress or locohon)  FULL NAME OF (If not in hospital are institution, give street of locohon of locohon, l	NCP (Where deceased lived, if institution; residence before admis				
FULL NAME DF III not in hospital or institution, give street  MOSPITAL OR INSTITUTION  THE O DICOW MEMORIAL HOS PITAL  SEX  SEX  S. RACE  MALE  WIDOWED, DIVORCED (specify)  ON JUSTANET ADDRESS OR INDUSTRY  MALE  MALE  ON JUSTANET ADDRESS OR INDUSTRY  MALE  MALE  MALE  ON JUSTANET ADDRESS OR INDUSTRY  MALE  MALE  MALE  MALE  ON JUSTANET ADDRESS OR INDUSTRY  MALE  MALE  MALE  MALE  MALE  MALE  ON JUSTANET ADDRESS OR INDUSTRY  MALE  M					
SEX  SEX  SEX  SEX  SEX  SEX  SEX  SEX	B. COUNTY				
SEX  S. RACE  O. STREET ADDRITAL  SEX  S. RACE  O. MARRIED, NEVER MARRIED  WIDOWCCD (specify)  MALE  WIFT E  WIFT CALL  WIFT CALL  WIFT E  WIFT CALL  WIFT CALL  WIFT E  WIFT CALL  WIFT	W (If outside city limits, write RURAL and give township)				
SEX  SEX  S. RACE  WIDOWED DIVORCED (specify)  J. USUAL OCCUPATION (Give kind of work)  J. USUAL OCCUPATION (Give kind of work)  J. USUAL OCCUPATION (Give kind of work)  J. LISUAL OCCUPATION (Give kind of work)  J. WAS Deceased Ever in U. S. Armed Forces?  J. A. MOTHER'S MAN  M. I. L. H. A. C. L. A. C. L. A. C. L. A. MOTHER'S M.  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. Was Deceased Ever in U. S. Armed Forces?  J. W	16				
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MALE WHITE NAME NOTIFIED NOT BUSINESS OR INDUSTRY 11, BIRTHPLACE (Speeduring, most objworking life, even if retired).  JA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Speeduring, most objworking life, even if retired).  JA CLIFFE NAME 14, MOTHER'S M.  MICHAGL FARLEY 16, Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (Iff yes, give wor or doles of service) 16. SOCIAL SECURITY NO.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the made of dying, e.g., heart failure, asthenia, etc., Il means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) staling the UNDERLYING CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  OF INJURY (APPROX.)  22. I certify that (Pathis haspital) attended the deceased fram 198. The open cause of the doles and hour and from the causes stated obove. (20 (We) (did) (did) (did) view the body aff 23A. SIGNATURE  DISEASE OR CONDITION CAUSES STAR PLACE OF INJURY (e.g., in or obout 21C, WH home, form, foctory, street, office bidg. INJURY (e.g., in or obout 21C, WH home, form, foctory, street, office bidg. INJURY (e.g., in or obout 21C, WH home, form, foctory, street, office bidg. INJURY (e.g., in or obout 21C, WH home, form, foctory, street, office bidg. INJURY (e.g., in or obout 21C, WH home, form, foctory, street, office bidg. INJURY (e.g., in or obout 21C, WH home, form, foctory, street, office bidg. INJURY (e.g., in or obout 21C, WH home, form, foctory, street, office bidg. INJURY (e.g., in or obout 21C, WH home, form, foctory, street, office bidg. INJURY (e.g., in or obout 21C, WH home, form, foctory, street, office bidg. INJURY (e.g., in or obout 21C, WH home, form, foctory, stre	7914 KNOLLWOOD "				
A USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Speed during, most objective file) (speed during) (speed d	8. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Yr.   If Under 24 Months; Doys Hours; M				
A USUAL OCCUPATION (Give kind of work) loss withing and obyvorking like, even if retired produced of the produ	92   lost birthdoy)   Months Days Hours M				
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TATHER'S NAME  MICHAGO  ARCHAGO  ARCHAG	WHAT COUNTRY?				
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21A. ACCIDENT WAS UNDERLYING	(Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Yeor) (Hour)  21D. TIME (Month) (Doy) (Yeor) (Hour)  21E. INJURY OCCURRED While At   Not While   At Work  22. I certify that (#7this haspital) attended the deceased fram that (#7 (we) last saw the deceased olive on   1 - 0   19 5 #    and hour and from the couses stated obove. (#) (We) (did) (diment) view the body aft  23A. SIGNATURE  DR. CESAR FOCL IMACO, JR.  Attending   Mephys.  23D. ADDRESS NAME (Type)  DR. SACE SAR R. COLIMACO, JR.  M.D. THE CUNT	IN CERIFING CAUSES OF DEATH:				
DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  While At Not While At Work  22. I certify that (#)(this haspital) attended the deceased fram that (#) (we) last saw the deceased olive on 19 4 and hour and from the couses stated obove. (#) (We) (did) (did to t) view the body aft 23A. SIGNATURE  DR. CESAR FOCLIMACO, JR.  Attending Mephys.  23D. ADDRESS  NAME (Type)  DR. CESAR FOCLIMACO, JR.  23D. ADDRESS  NAME (Type)  DR. CESAR FOCLIMACO, JR.	RE DID (If in Boltimore City, give exact location)				
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DR. CESAR FOCLIMAÇO, JR.  Attending Me Phys.  23C. PHYSICIAN'S NAME (Type)  DR. SAGESAR R. COLLIMAÇO, JR.  M.D. Attending Me Phys.  23D. ADDRESS  M.D. THE UUN I	23B. DATE SIGNED				
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DRESACESAR RICCHIMAGO, JR. M.D. THEOUNT	d. Stoff Phys. 4 11/10/67				
DRESAGESAR RICOLUMAGO, JR. M.D. THEOUNE					
	ON MEMORIALICHOSPUTALTAC				
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY					
Eurial Nov. 13, 1967 Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (St				
CA DATE SECIO BY HEALTH DEST. DOES NAME OF SECIETAR					
SA, DATE REC'D BY HEALTH DEPT.  25B, NAME OF REGISTRAR  25C. FÜNERAL  25C. FÜNERAL	Baltimore, Maryland				

THE ALL OW MEMORING MOS PITAL BACTION AS COURTING ALLE 05-25-94 2-NAMES Division of the ball NAMES OF STREET MICHAGO LOBROCKY DI DOWNEY PRACTICAL CO PRESENTE Connecto Michigania Memory of a symmetry lie windle

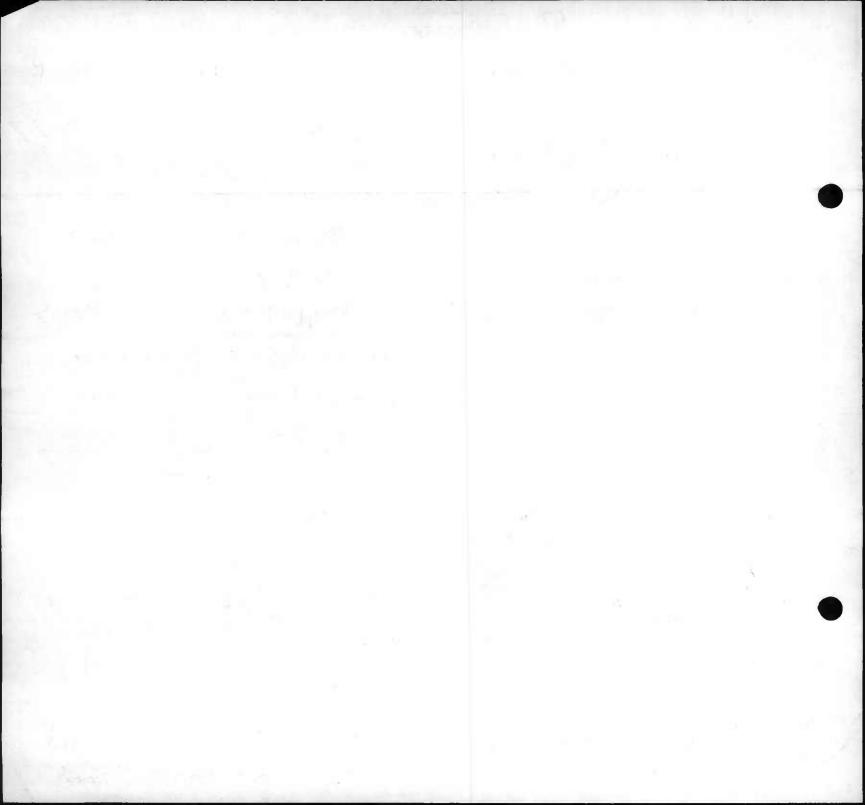
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# FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made.

CMY 4 OMMO BALTIMORE CIT	TY HEALTH DEPARTMENT	OP ADMINIS
BIRTH NO. 67 10778 CERTIFICA	ATE OF DEATH Regi	istered No. 0/ 10778
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR	R OF DEATH
(Type or Print) Wassolman, Anna	1119	167 1 10 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceas	sed lived. If institution: residence befare admission)
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (III obtside city	limits, write RURAL and give township)
a lametala Hebran Home and	Ballo	27-17
11 Leundale Hebrew Home and Tufirmany	D. STREET ADDRESS (If rurol, give	e locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8, DATE OF BIRTH ( 19, AGE	selveden (nes
WIDOWED, DIVORCED (specify)	1879 lost birth	doy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI dane during most of working life, even if retired)	II. BIRTHPLACE (State of foreign country	12. CITIZEN OF WHAT COUNTRY?
	R4551a	450
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
alrafam	mary	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT	ADDRESS
No -	Hosa CR.	* Same
18. 44.20 1 1 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	7-1-1	^ / /
LEADING TO DEATH  (This does not mean the made of dying, e.g., DUE TO	rob acute myocardia	Lufarcter 1 hours
heart failure, asthenia, etc. It means the disease,		
ANTECEDENT CAUSES (B)	everalized ASCVD	years
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the (C)	***************************************	
UNDERLYING CONDITION Iasi.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		10.1
U 19A DATE OF OPERATION 119B CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. II	F YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
	No	
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore City, give exect locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OC	CUR?
(APPROX.) While At Not Wi		
22. I certify that (1) (this hospital) attended the deceased from	5/17 19/67	-10 1119 1967
that ((we) last saw the deceased alive on 11/9		
and hour and from the causes stoted obove. (A) (We) (did) (did)		
23A. SIGNATURE	The state of the s	23B. DATE SIGNED
Xee Soul O Cret M.D. A.	ttending Med. Stoff Phys.	- 111967
23C.PHYSICIAN'S	23D. ADDRESS	
NAME (Type)	).	
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of C	REMATORY 24D. LOCATION	N (City, town, or county) (State)
Busic (Specify)	'Q.0- Q.1	The mal
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 13 1967 Robert E. Farkyns	Sylvan S. Lewis	dSon the Carriage
VS 150-REV. 1/1/65		



## 67 10779 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10779

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
PASOUALE GRANTTO	November 8, 1967   11:50 am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
0	Baltimore 7-02
606 W. Lexington St. 3rd Floor	D. STREET ADDRESS (If ruro), give locotion)
	606 W. Lexington St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Doys   Hours   Min.
Male White Septrated	July 22 - 10 8 2 85?
10A. USUAL OCCUPATION (Give kind of work 10B. KND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	12. CITIZEN OF WHAT COUNTRY?
TAILOR CLOTHING	ITALY USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PANTALEO GRANITO	ROSARIA NIRRO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 213-05-6441	MRS. ANTI ONETTE GRANITO
IB. 4 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSEL AND BEATH
LEADING TO DEATH	teriosclerotic Cardiovascular
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Disease
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
II ONLY GONESIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  (C)	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ZIA, EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Bo)timore City, give exact location)
UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE T
m. WORK AT W	ORK
	topsy ond that on this basis, death in my opInIon
resulted from: Natural couses 🛛 Accident 🔲 Suicid	e Homicide Undetermined monner
DITPIN	CHIEF MEDICAL EXAMINER
SIGNATURE SOLVENT MISC M.D	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	Novmeber 11, 1967
23A. BURIAL CREMATION, REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
BURIAL NOV. 11-1967 CATHEDRA 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	AL BALTO MD
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR
NOV 13 1967 Robert E. Farley M.S.	PARLEY-CAVANAUGH 6601 ADDRESS FARLEY-CAVANAUGH FREDERICK AVE
VS 151-REV. 1/1/65	

DIE TE ME ORECES NO. The state of the state of the state of

M.E. CASE NO.								
Type or Print)	ECEASED	ohn		101711	2. DATE	AND HOUR PRONOUN	CED DEAD	
	FRANK? N	TCHALSK			N	ovember 10.	1967   11:48) stitution: residence before	) p ₁ M.
B. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONOL	JNCED DEAD	4. USUAL RESID	ENCE (Whe	re deceased lived. If in 8. CC	stitution: residence before c	odinission)
FULL NAME OF	F (IF NOT IN HOSPI	TAL OR INSTITU	JTION, GIVE STREET	l N	faryla	nd		
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TO	NN Tif out	side carparate limits, wri	ite RURAL and give towns	hip
13				Balt	imore		21225	0.0.
South	Baltimore Ge	neral Ho	spital			ral, give location)		
5000			, op	82	1 Wasl	hburn Ave.		
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRT	Н	9. AGE (In years lost birthday)	Months Doys Hours	er 24 Hrs.
Male	white		ried	Ang.	4, 190			
OA. USUAL OC	CUPATION (Give kind of wa	rk TOB. KIND OF		11. BIRTHPLACE	State or for	reign country)	12. CITIZEN OF	<del></del>
	of working life, even if refired)  hip Fitter  AME		building	Baltim	ore,	aryland	U. S. A.	
	n Michalski				a Mys]			
5. WAS DECEA	SED EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT			ADDRESS	21225
	wn) (If yes, give war ar dat	les of service)	SECURITY NO.	Mare Am	G	Washed also		
No			216-09-8347		nie .	Michalski	821 Washburn	
18.	816,4		CAUSI	OF DEATH			INTERVAL BI	
DISE	ASE OR CONDITION D	RECTLY						
	LEADING TO DEAT	H	(A)	Multiple	trauma	atic injurie	s	
(This doe	s not mean the mode of tre, asthenia, etc. It mean	f dying, e.g.,	DUE TO				×	
injury or	camplication which caused	deoth.)						
	ANTECEDENT CAUS	EC			-			
DISEASE	S OR CONDITIONS, IF		(8) DUE TO	000000000000000000000000000000000000000			**************************************	
RISE TO	THE ABOVE CAUSE (A)	STATING THE	DUE 10					
	YING CONDITION LAST.		(C)					
<u> </u>								
OTHER S	II GNIFICANT CONDITION:	CONTRIBUTII	NG					
O THE	DEATH BUT NOT R	ELATED TO T						
<u> -</u>	OR CONDITION CAUSIN		WHICH OPERATION	20A. AUTOPSY	? (Yes or N	(a) 20B. IF YES. WERE I	FINDINGS CONSIDERED	
2		RFORMED	WINCH OFERATION			IN CERTIFYING CA		
ZIA. EXTERN	IAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C.		(If in Boltimore City.	nive exact (acation) -	
UNDERLYING CA	IAL CAUSE WAS GLAOR CONTRIB- AUSE OF DEATH.	hame etc.)	, form, factory, street,	office bldg., INJUR	OCCUR?	oon,,	25	-04
A CINCOLO	AUSE OF DEATH.	01047	Street	P	atapso	co 160 ft. E	. of Pottee St	t.
OF INJURY	(Month) (Doy) (Ye	or) (Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID IN	JURY OCCUR?		
(APPROX.)	11 10 67	11:25	WHILE AT NOT	WHILE X	Sub ied	et driver in	auto-auto co	11 isto
22.								
l c	ertify that I held on	Inquiry	Inspection Au	tapsy X an	d that on	this basis, death In	my apinlon	
res	ulted from: Notural co	uses	Accident X Suicid	le Homici	de	Undetermined mon	ner	
	7	119		CHIEF M	EDICAL	EXAMINER		
ACTU		HWH to	S.	ASSISTANT M	EDICAL	EXAMINER X	DATE SI	GNED
	TURE 10 00 V		M. D	ASSOCIATE M				
	INER'S (Type) Edward	E Mile	on M.D	ASSOCIATE N	EDICAL	_		
23A. BURIAL C	REMATION, 23B. DATE		C. NAME OF CEMETERY	CREMATORY	23 D	LOCATION (Cit	November 11,	1967 (Stote)
REMOVAL (Spe			W-7 C				Co	
Buri		/67	Holy Cross			Anne Arundel		
24A. DATE REC	D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECT	OR	ADDRESS	~
	NOV 1 3 1967	R. P. B	E Fallenta	McCu.	Ily F	uneral Hon	me 237 Pata	ve.
VS 151-REV. 1/	1/65 / 0		6 7 1	1 1 1	3-01			
	110 97.	04	-	42				1

Deargnaid . emigratul metrical for Lincolnette, Manager, and The second secon 

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10781

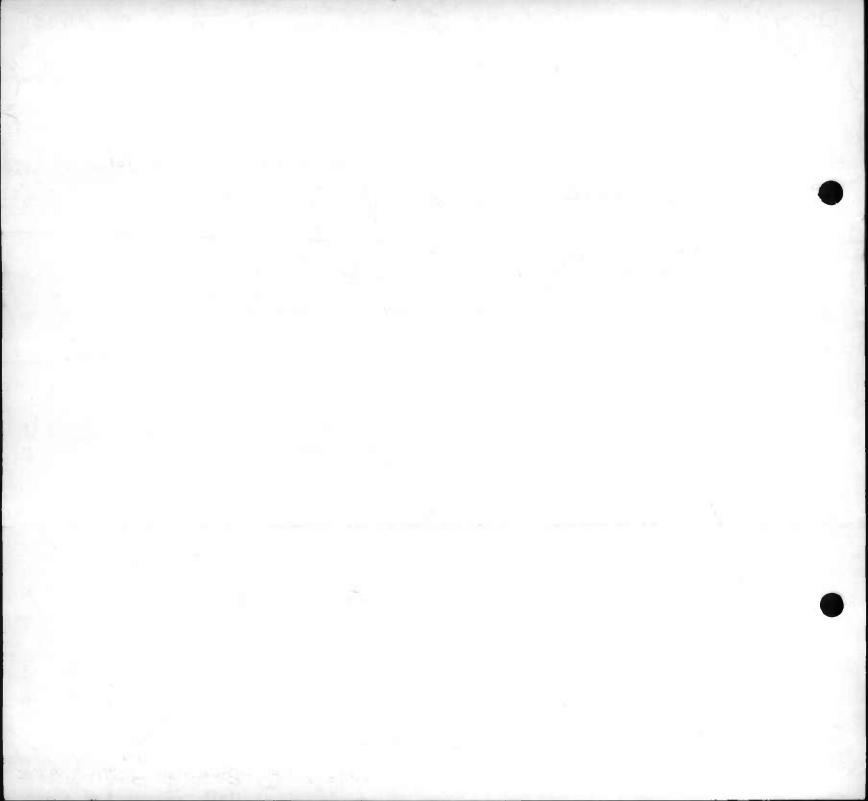
M.1	CASE NO.									
	NAME OF DEC		MADT 44 MO	ърмОтт		2. DATE AND HOUR PRONOUNCED DEAD				
/			EARL M, MC	DEWIOTI			per 8, 1967		6:10 P.	M.
3. P	LACE IN BALT	IMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	A. STATE	ENCE (Where de Maryland	ceosed lived. If instit B. COUI	ution: residenc	ce before odmissi	on)
FUL	L NAME OF	(IF NOT IN HOS	PITAL OR INSTITU	TION, GIVE STREET			corporate limits, write	RURAL ond g	give township)	
INS	TITUTION	ADDRESS OR EC	, GAII GIVI		1	Paltimore		/	14-0	7
5	6				D. STREET ADDR	Baltimore			1	
	Frank	klin Square	Hospital	(DOA)			lins Street			
5. S	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	Н	9. AGE (In years lost birthday)		Yr. If Under 24 h	
M	la1e	White	marrie	ed	1/25/1	899	68			
				BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN	OF OUNTRY?	
don	Mehalst	yorking life, even if retire	Upholo	Toring Co.	Dud.			71.	S.A.	
13.	FATHER'S NAN	AE O O O	- 1	0	14. MOTHER'S M.	1				
	yohn	T.M De	rmott	•	Mni	enoun				
15. Yes	WAS DECEASE	OF EVER IN U.S. ARA	dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	- 1	7	ADDRESS / 25	Se.	
	/	/		~	mys may	of mil	brmott	Ide	rocker St	
	1B. 4	21.		CAUSE	OF DEATH	1		IN.	TERVAL BETWEE	
	DISEAS	SE OR CONDITION	DIRECTLY	1 10 10 10					TILL AND DEA	
		LEADING TO DEA	ATH	(A)	iosclerot	ic cardio	ovascular d	isease		
	heort foilure,	not meon the mode , asthenio, etc. It me mplication which cous	ons the disease.	DUE TO				35		
	A	ANTECEDENT CAL	JSES							
	DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B) DUE TO						
		E ABOVE CAUSE (A NG CONDITION LA								
Z				(C)						
E		II								
2		NIFICANT CONDITION DEATH BUT NOT								
		R CONDITION CAUS			1004 AUTOBAY	n /V N N N 100	D to yee lurer cla	IDINGS CON	CLOCRED	
CERTIFICATION	19A. DATE OF		PERFORMED	WHICH OPERATION	No No		IB. IF YES, WERE FIN I CERTIFYING CAUS			
¥.	21A. EXTERNA	L CAUSE WAS	21 B, 1	PLACE OF INJURY (e.g.,	in or obout 21C. V	VHERE DID (IF	in Boltimore City, giv	e exoct locoti	ion)	
MEDICA	UTING CAU	OR CONTRIB-	etc.)	, form, foctory, street, c	office bldg., INJURY	OCCUR?				
Σ	21 D TIME	(Month) (Doy) (	Yeor) (Hour) 2	E. INJURY OCCURRED	21F. HC	OW DID INJUR	Y OCCUR?			
	(APPROX.)				WHILE					
	22.	tify that I held an		Inspection X Aut		d shas on shi-	hasia darah ia	v aninian		
			[37]				basis, death in m			
	resul	ted from: Natural	Couses A	ccident Suicid	1		determined manne	or		
	ACTUA	( ) (	1	1) = 4		EDICAL EXA		Г	DATE SIGNED	
	SIGNAT	URE WA	ノンリ、	J 300.0	ASSISTANT M			1	0 1067	
	EXAMIN NAME (		es S. Spr	ingate, M.D.	ASSOCIATE M	EDICAL EXA	MINER	vember	9, 1967	
	BURIAL CRE		230	C. NAME of CEMETERY	CREMATORY	23 D. LO	CATION (City,	town, or court	ity) (Stote)	
NE!	-R (specify	0 111	11/67	21/2 21	en don	20	Busio	md.		
24/	A. DATE REC'D	BY HEALTH DEFT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	1 curio	ADE	PRESS,	2+
	NO	V 1 3 1967	P.O. 5 8	Farluna	Volin	Q.60	van Son	Inc. 7	Holling &	1.
VS	151-REV. W 14	(6.5			1	1			03 74.17	1/

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# FUNERAL DIRECTOR: IMPORTANT

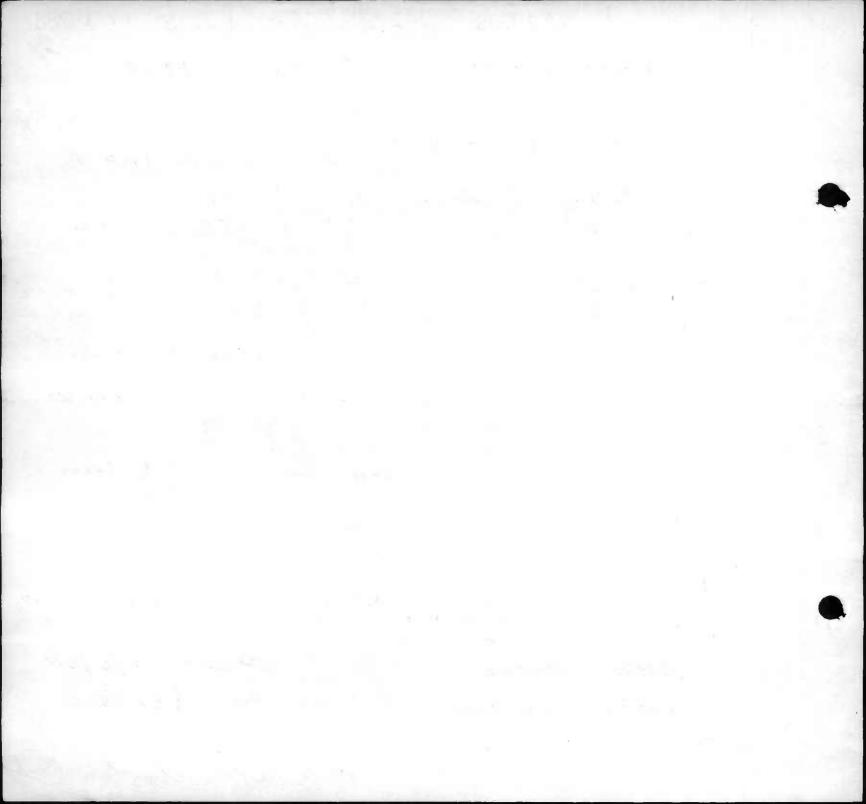
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 10782
BIR	67 10782 CERTIFICA	TE OF DEATH Registered No.	07 10782
1. N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	3.41
(Ту	Donlan , Lullus	Nov. 9 196.	7 110 = A M.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where Deceased lived, If in	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)
	& University Hospital	Ballimore	78-09
B	& annually De of	D. STREET ADDRESS (If rurol, give location)	u Rd.
5. 3	Male White Liverced specify	S. DATE OF BIRTH  Jan 25 1890  9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10À	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRED	BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	out acch	md.	4.3.
73.	FATHERS NAME	14. MOTHER'S MAIDEN NAME	
1	Thomas Honlon	Gertrude -	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown](If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
1	215.05 WILTH	I Midial Rel	-xd
1	18. CAUSE C	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	P	(0(2)/67
	LEADING TO DEATH	This the Cardings	ala 19119
	(This does not mean the mode of dying, e.g., DUE TO () heart failure, asthenia, etc. It means the disease,	y hus was	care
	injury or complication which coused death.)	utistinal obstruction	
	ANTECEDENT CAUSES  (B)  DUE TO		
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the (C)	a of Prostate i absuss	
	UNDERLYING CONDITION Iosi.	6	
Z	11		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
2	DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE F	INDINGS CONSIDERED
CERTIF	Mov. 3 1967 WAS PERFORMED Sevions	IN CERTIFYING CAL	JSES OF DEATH?
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 21 G. WHERE DID (If in Boltimore	City, give exoct location)
CAL	DEATH (notify medical examiner) etc.)	ones orga, index occor.	
EDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY	21 F. HOW DID INJURY OCCUR?	
8	(APPROX.) While At Not Who At Work		,
	22. I certify that (I)((this hospita)) attended the deceased from	Notober 23 1067 1/	00 9 1067
	that (1) (we) lost saw the deceased alive on Nov. 9	19 6 7 ond that in (my) (our) ppir	/
	ond hour and from the causes stoted obove, (N (We) (dix) (did not)		
	23A. SIGNATURE		23 B. DATE SIGNED
	Found Moon M.D. Ar	mending Med. Staff ys. Director Phys.	No-9-1912
	23C. PHYSICIAN'S	23D. ADDRESS	1010-1-11-01
	NAME (Type) TouNOTS: K MOON M.D.	Unis units Horp.	Baltimore MD
244	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (Cit	y, town, or county) (Stole)
1	Burial nov, 13-1967 Cathedral	Carel Pareta	and.
25/	DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	NOV 13 1967 Robert E. Farberna	FARLEY-CAVANAUGH F	6601
VS	150-REV. 1/1/65	I ANTELJ-CAVATIO GA P	I)LNU/II-I) ITV

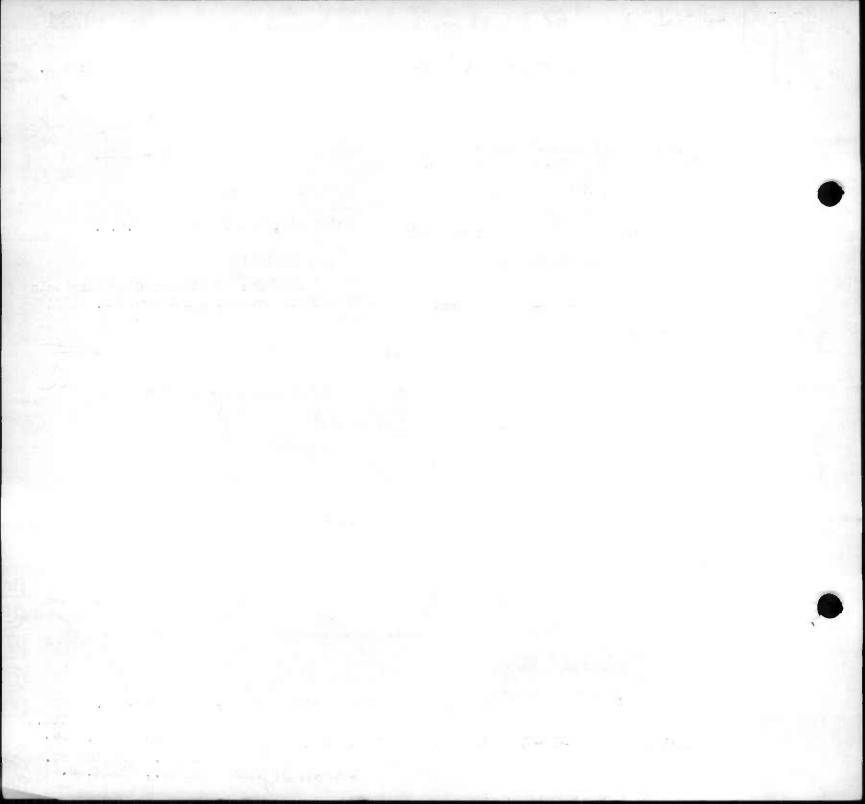


VS 150-REV. 1/1/65

2.1	BIRTH NO. 67 10783 BALTIMORE CITY HEALTH DE	EPARTMENT	67 10783
0 0 0	CLKIIICAILOI	DEATH Registered No.	a, T0102
the se	M.E. CASE NO.  1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
death eased n the Such	(Type of Print) MARY DOKITY	11/: / - 11:44 - 14	
7004		RESIDENCE (Where deceased lived. If institution:	M. residence before admission)
(5) De	A. STATE	RESIDENCE (Where deceased lived, If institution: B. COUNTY	residence belove duningsjon
200	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION  C. CITY OR	R TOWN (If outside city limits, write RURAL or	nd give (own thip)
cause; cause; attend ior to	1 Sinai Hosp. of Balt. D. STREET	Baltimore.	12.00
			e.# 11
ontributing ermined ca regular at eased prior is made.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF WIDOWED, DIVORCED (spegify)	8 8 9. AGE (In years If Und Months	dei 1 Yr. If Undei 24 Hrs. s Doys Hours Min.
re- re- re- si is			TIZEN OF
direct or control (4) Under the was in the decontrol disposition	done durish most of working life, even if retired) have Colo	umbia S. Carolia	US A
was was the position		ER'S MAIDEN NAME	
direct l; (4) l th we on the dispo	( dalphus Martin d	ling is her	
7 5 6 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown)(Iff yes, give wor of dates of service)  16. SOCIAL SECURITY NO.	TANT 1 2051	AGDRESS' IP.
the de de fina	mi Mus	and Len B	20 H mal
+ 2001	TIB. CAUSE OF DEATH		INTERVAL BETWEEN
04 - 00	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
Also e of noun atte	LEADING TO DEATH  (This does not mean the made of dying, e.g., DUE TO	anoma of Breast	Years
fractur o pror gular embal	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
fra o	ANTECEDENT CAUSES (B) Lung	Metasteses	2 months
re A he	DISEASES OR CONDITIONS, if any, giving		
S = = 0	rise Ia Ihe abave cause (A) stating the (C) UNDERLYING CONDITION last,		•••••••••••
cal ns; icia as ain			1.0
medical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ema	? Yeaks
a le ody	WAS DEDECTORATED	TOPSY? (Yes or No! 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
(2) B ere the phy efore	U 2TA, ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout) 21	C. WHERE DID (If in Boltimore City, of	ive exact location)
= 000	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., IN.	JURY OCCUR?	
hospito nature; ept wh d (6) Nained b	U OF INJURY	F. HOW DID INJURY OCCUR?	
= 9 70 8	(APPROX.)		
any (exc ; and	22. 1 certify that (1) (this haspital) ottended the deceased from 10/30/		62 19 67
of of all (th);	that (I) (we) last sow the deceosed olive an 11/4 19		ath accurred an the dote
ased dent deat deat	and haur and from the causes stoted obave. (1) (We) (did) (did not) view the bac		AVE CIGNICO
ide ide hos de	23A. SIGNATURE  M.D. Attending		ATE SIGNED
a + - C a	23C. PHYSICIAN'S 23D. ADDRES	Director Tily's. Z	/ / / / /
A. at a prior	NAME (Type)	inai Hosp of Bu	Himose.
A G D	MARTIN >. LINERMAN	24D. LOCATION (City, lown,	or county) (State)
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	Some Some	1
T 3 0 I	25A. DATE REC'ALT WEATH DEAT 25B. NAME OF REGISTRAR 25C. FLI	WERAL DIRECTOR	ADDRESS
shov was dece	1001 1001 Placent E. tarbeurs	MITH Duned	Laurel mo



100	-60	3 67	1078	A BALTIMORE CITY	Y HEALTH DEPARTMENT	A STOR A
	1 NO.	2 01	1010	CERTIFICA	TE OF DEATH Registered	No. 0/ 10/04
1. N.A	CASE NO.	EASED	(M/	ARIE)	2. DATE AND HOUR OF DE	ATH
	e or Print)	HANNO	RA	M. ERNST	11/9/67	5:00 A. M
	ULL NAME O		RYLAND	uve street	A. STATE B. COUNTY MARYLAND	tf institution: residence before admission)
H	OSPITAL OR	oddress or location	)		C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
		BALTIMORE			BALTIMORE	66-11
	31	4940 Easte: Baltimore,			D. STREET ADDRESS HI WOOLDIN STR	EET - 21224
	EMALE	6. RACE WHITE	WIDOWED	NEVER MARRIED, DIVORCED (specify) LOWED	B. DATE OF BIRTH  9, AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
		JPATION (Give kind of work working lite, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Reti		H	ouse Work	MARYLAND, BALTIMORE	WHAT COUNTRY?
13. F	ATHER'S NAM				14. MOTHER'S MAIDEN NAME	
		MICHAEL :	KENNEDY		CATHERINE KELLY	
1S. W	Vas Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: Balti	more City Hospitals
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	None	4940 Eastern Avenue, Bal	
	1B. // )	0 / 1		1	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION DIR	ECTLY	(3A	and leaves	120
		LEADING TO DEATH not mean the mode of	dvina e.a.	(A) CAT	DIAC ARREST	3/4
	heart failure,	asthenia, etc. It means	the disease,	0	+ . 1.1.1	1: == 0
		ANTECEDENT CAUSES	deom./	(B) CC	ute superidial ny a	ectra 32 m
		OR CONDITIONS, if	any, aivina	DUE TO	1-2-18	
	rise to the	e obove couse (A) G CONDITION lost.		(C) /1 /	95000	
	UNDERLING					
ATION	TO THE D	II  FICANT CONDITIONS C  EATH BUT NOT RELA  CONDITION CAUSING I	TED TO THE			
ERTIFICATION	19A. DATE OF		DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
0	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medicol exominer	21 B. hom etc.)	e, torm, toctory, street, o	in or obout 21 C. WHERE DID (It in Bol office bldg., INJURY OCCUR?	timore City, give exact location)
0	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
11 > 1	(APPROX.)		Whi Wor	le At Not Whi	le	
	22. I certify	that 😘 (this haspital	) attended th			11/9/67 106
					19 6 7 and that in (454) (454r)	apinian death accurred an the dat
					view the bady after death.	
II L	23A. SIGNATU		0	0		23B. DATE SIGNED
	XI.	Hickarl	Khadi	M.D. At	tending Med. Stott Phys.	9/11/67
	23C. PHYSICIA	vneke	1 1		23D. ADDRESS BALTIMORE CITY H	HOSPITALS
	NAME (T	"F"H. MICHAEL	MEAGHER	M.D.	4940 Eastern Avenue, Bal	Ltimore, Md. 21224
24A.	BURIAL CRE	MATION, 24B. DATE	24C. NA	AME of CEMETERY of CE		(City, town, or county) Baltone,
	Burial		-67 N	ew Cathedera	1 Cemetery 4300 Old F	rederick Rd. Md.
2SA.	. DATE REC'D		258 NAME C	F REGISTRAR	25C. FUNERAL DIRECTOR 90	1 S. ConklingsSt.
VS 1	150-REV. 1/1/	65			Charles & Jeiler Ba	1to., 21224, lid.



BIRTH NO.	67	7 1078		Y HEALTH DEPARTMENT	Registered No.	67 10785
M.E. CASE NO.			CERTITICA		AND HOUR OF DEATH	
(Type or Print)	and the second second	PH WIL	SON	NOVE	MBER 7. 19	
ST AG	VES HOSPIJAL	ar institution,	give sheet	MARY LAND	UNTY	nstilution: residence before admission)
	NS AND CATON MORE MARYLAN			BALTIMORE	outside city limits, write 2122	3 PURAL and give township)
40				339 FONTHI	LL AVENUE	
5. SEX MALE	6. RACE WHITE	MARR		B. DATE OF BIRTH 04/04/17	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dou POL ICE	CUPATION (Give kind of warl of working life, even if retired) MAN	Balto.		MARY LAND	Balto.	12. CITIZEN OF WHAT COUNTRY?
FRANC Harry E	S XANAXAXI Hargadon		554 836	14. MOTHER'S MAIDEN N		
15. Was Deceas	ed Ever in U. S. Armed For wn) (If yes, give wor ar dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	1945		215-09-9549	ST AGNES HO	SPITAL WIL	ENS & CATON AVE
	ASE OR CONDITION DIE		(A) Me	of DEATH	Instatri	INTERVAL BETWEEN ONSET AND DEATH
heort failure	nol mean the mode of e, osthenia, etc. It meons amplication which caused	DUE IV		9 000 m gminemagaq 0000 000 000 000 000 000 000 000 000		
	ANTECEDENT CAUSES (B)DUE TO			***************************************	9 7 5 4 4 4 7 7 7 7 7 7 7 8 7 8 8 8 8 8 8 8 8	**************************************
rise lo	OR CONDITIONS, if the obave cause (A) NG CONDITION lost.		(C)	***************************************		
≥ TO THE	II  NIFICANT CONDITIONS C  DEATH BUT NOT RELA  R CONDITION CAUSING I	TED TO TH	G E			
		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	BUTING CAUSE OF	21B hom etc.	ne, form, factory, street,	in ar about 21 d. WHERE DID affice bldg., INJURY OCCUR?	(If In Baltimar	e City, give exact lacotion)
21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		ile At Not Wh	21F. HOW DID I	NJURY OCCUR?	
	fy that (1) (this hospital		he deceased from N NOVEMBER 7	6/	19 67 NOVE	MBER 7 19 67
			() (We) (did) (did not)	view the body ofter deat		mon death accurred on the date
23A. SIGNA		/ /	)	The time dody offer door.		23B. DATE SIGNED
1 4	arolyn	To	M.D. A	ttending Med. Director	Stoff Phy s.	11-7-67
23C. PHYSIC NAME	(Type)	CAROLYN		23D. ADDRESS	PITAL WILK	ENS & CATON AV I
24A. BURIAL CI	REMATION, 248. DATE		AME of CEMETERY of C		LOCATION (C	ily, tawn, ar caunty) (State)
Burial			oudon Park Cer		lto. Md.	,
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
Á	OV 1 3 1967 A	0. 8- 9	Fallenna	G. Truman Sc	hwab 3512 Fre	derick Ave. Balto. N
VS 150-REV. 1/1	1/65	HUCH -	- ALLENGE	1 11 11	7	

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### 67 10786 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10786

M.E. CASE NO							
1. NAME OF I (Type or Print)	DECEASED	A			2. DATE AND HOL		
	ALBE				Novemb	er 9, 19	67   2:55 p _M .
3. PLACE IN B.	ALTIMORE, MARY	LAND, WHERE PRONO	JNCED DEAD	4. USUAL RESID	DENCE (Where deceos	ed lived. If institu	ution: residence before odmission)
FULL NAME O	OF (IF NOT IN	HOSPITAL OR INSTITU	JTION. GIVE STREET		yland		
HOSPITAL OR	ADDRESS	OR LOCATION)	mon, or a mark	C. CITY OR TO	WN (If autside corpa	rate limits, write	RURAL and give township)
4				Balt:	imore		12-00
Unio	on Memoria	al Hospital	D.O.A.	D. STREET ADD	DRESS (If rural, give la	ocotion)	
20		opp.z		2514	N. Claver	t St. 1s	t Floor
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT		AGE (In years t birthday)	If Under 1 Yr. If Under 24 Hrs.
Male	White		DIVORCED (specify)	7/3/192	7	40	Months Doys Hours Min.
			BUSINESS OR INDUSTR		(State or foreign coun		12. CITIZEN OF
dane during most	of working life, even	if retired)		44			WHAT COUNTRY?
JZACRI 13. FATHER'S N		1'no cto	r & Gamble	Mary L	and		и. Ј. Л.
01						,	
	les Pfarr			اع	izabeth Sp	ealman	
Yes, go or unkno	ased EVER IN U.S	ar or dates of service)	16. SO CIAL SECURITY NO.				ADDRESS
yes	uu	2	214-22-47	72 Mrs. J	loan Plarr	621 W.	33rd Street
1B	00/11			E OF DEATH	-		INTERVAL BETWEEN
=	7.76 X						ONSET AND DEATH
DIS	EASE OR COND LEADING TO		Con	tact guns	hot wound o	f the che	est
(This doe	es not meon the	mode of dying, e.g., It means the disease,	DUE TO		***************************************		***************************************
injury or	camplication which	caused death.)					
	ANTECEDENT	CAUCEC					
DISEASI		ONS, IF ANY, GIVING	(B) DUE TO	~~~~~~~~~			
RISE TO	THE ABOVE CAL	ISE (A) STATING THE	DOE 10				
1	LYING CONDITIC	IN LAST.	(C)				
<u>ō</u>	- 1						
OTHER !		IDITIONS CONTRIBUTION	NG				
E TO TH	E OR CONDITION	NOT RELATED TO T	HE				
-0		19B, CONDITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes ar Na) 20B, 11	YES, WERE FIN	DINGS CONSIDERED
0 0		WAS PERFORMED			IN CE	RTIFYING CAUSE	S OF DEATH?
ZIA. EXTER	NAL CAUSE WAS	218.	PLACE OF INJURY (e.g.,		Yes WHERE DID (If in B	Yes	
21A, EXTER UNDERLYIN UTING C	IG XOR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., farm, factory, street,				
9			Home		2514 N. Cal		lst floor
OF INJURY		y) (Year) (Haur) 2	TE. INJURY OCCURRED	21 F. H	IOW DID INJURY O	CUR?	
(APPROX.)	11	9 67 2:25.	WHILE AT NOT	WHILE X	Subject sho	t himself	f in the chest
22.		P		F=2			
1 0	certity that I hel	d on Inquiry			nd that on this bas	is, deoth in my	opinion
LG	sulted from: No		ecident Suich			ermined monner	
	(1)	00	1 - 1	CHIEF	MEDICAL EXAMIN	ER	DATE SIGNED
ACTU	ATURE M	er J.	sull Mil	ASSISTANT A	MEDICAL EXAMIN	ERX	DATE SIGNED
	MINER'S	/			MEDICAL EXAMIN		
	E (Type)	Charles S	. Springate,			_	November 10, 1967
23A. BURIAL	a alful	DATE 23	C. NAME OF CEMETERY		23D. LOCATI	ON (City,	town, or county) (State)
REMOVAL (Spe	ial 1	1/13/1967	Meadowridge	e Memoria	1 Park	Dorsen.	Maryland
	C'D BY HEALTH D		OF REGISTRAR		RAL DIRECTOR		ADDRESS
				Jah	A Man a	2000	C 0 .
1	VOV 13 19	67 Roub 8	Janke MA	joich	novoran In	c. 3000	E. Baltimore St
VS 151-REV. 1	/1/65		N 19/ 11 11				
	N	75.4					V

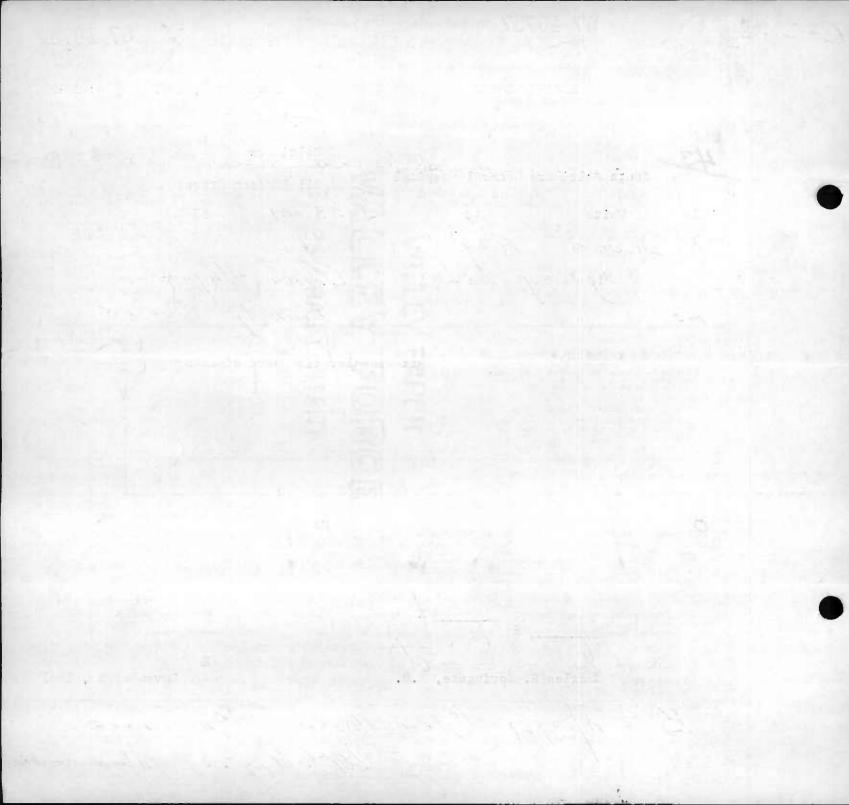
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67 1.0787 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 01
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
ROSSER LEWIS	November 9, 1967 4:45 PM M.
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
43 (DOA)	Baltimore D. STREET ADDRESS (If rural, give lacation)
South Baltimore General Hospital	311 Eddison Street Edison
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
Male White	5-23-99 68
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND, OF BUSINESS OR INDUSTRY	YII. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HOLSEY LEWIS	EMMA SHAYNE
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no arunknown), (If yes, give war ar date of service)  SECURITY NO.	17. INFORMANT ADDRESS
40	FAMILY DAME
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (A) Arter	ciosclerotic heart disease
(This does not mean the mode of dying, e.g., DUE TO	
injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	No IN CERTIFYING CAUSES OF DEATH?
Z1A, EXTERNAL CAUSE WAS     UNDERLYING □ OR CONTRIB-     STEEN AL CAUSE WAS     L1B, PLACE OF INJURY (e.g., home, form, foctory, street, stre	in ar about 21C. WHERE DID (If in Baltimare City, give exact location)
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE O
22. I certify that I held on Inquiry Inspection X Au	topsy ond that on this basis, death In my opinion
resulted from: Notural couses X Accident Suicid	le Homicide Undetermined monner
00 10 ():	CHIEF MEDICAL EXAMINER
SIGNATURE Charles J. Sall M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER November 10, 1967
NAME (Type)	
REMOVAL Secity) 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City town, or county) (Stote)
12 11/18/67 6/84	ABUEN BALLINIOLE
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
NOV 13 1967 R. D. & E. Farluma	LG Cilly - 237 talapseo 4

VS 151-REV. 1/1/65



1. N	AME OF DE	CEASED				2. DAT	E AND HOUR OF DEAT	TH
Тур	e or Print)	I FOM	RODOFI				MBER 8, 1967	
3. P	LEON RODOFF PLACE OF DEATH IN BALTIMORE, MARYLAND			14. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission				
					OUNIT			
- 1	FULL NAME OF (If not in hospital or institution, give street oddress or location)				give street	MARY LAND	If outside situ timits well	te RURAL and give towership)
5	NOITUTION					BALTIMORE	in outside city tilling, with	
3	INAI HO	SPITAL				D. STREET ADDRESS	(If rurol, give tocotion)	
~				4217 CRESTHE	EIGHTS ROAD			
5. \$	EX	6. RACE			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
M	ALE	WHITE			D, DIVORCED (specify) RRIED	3-15-1905	lost birthdoy)	Months Doys Hours Mil
4.4	4 700 011		kind of work			RY 11. BIRTHPLACE (Stote of		12. CITIZEN OF
	e during most ol	working lile, even						WHAT COUNTRY?
1.0	PAINTE			COMPA	NY	RUSSIA		U.S.A.
13.	FATHER'S NA					14. MOTHER'S MAIDEN		
	HARR	y RODOFF				BLUMA	?	
15. V	Was Decease	d Ever in U. S. /	Armed Forc	es?	6. SOCIAL	17. INFORMANT		ADDRESS
03	NO	yes, give w	. or or doles	or service/	133-01-0486	MRS MARTON 1	20DOFF 4917	CRESTHEIGHTS RD.
	1B. // >					OF DEATH	1175 11000	INTERVAL BETWEEN
	40	011	MON SIT	E C T L V				ONSET AND DEATH
	DISEA	SE OR CONDI		CILI	0.	To Al Vanor	in Codon.	2
	(This door			duina a -	IALECO	~ Univinona	- Comme	~~~
(This does not meen the mode of dying, e.g., DUE TO								
	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)							
		, osthenio, etc.	it meons	the diseose,	0	To Inyana de	o July 0	
		, osthenio, etc.	it meons in coused	the diseose,	(B) acc	te mycorde	al Infaule	ion'
	injury or co	, osthenio, etc. mplication whic	it means in coused CAUSES	the disease, death.)	(B) Que TO	te myscarde	al Infaule	ion'
	DISEASES	, osthenio, etc. mplicotion whic  ANTECEDENT  OR CONDITIO te obove cou	It means h coused CAUSES ONS, if ouse (A)	the disease, death.)	(B) Occupant	te mycordi Tesclerotes	al Infante Coronary	ion'
	DISEASES	, osthenio, etc. mplicotion whic ANTECEDENT OR CONDITIO	It means h coused CAUSES ONS, if ouse (A)	the disease, death.)	(B) Occ. DUE TO	te Pulmona Te myccordi tesclarotec	La Sofauli Coronary Disease	e
7	DISEASES rise to th	, osthenio, etc. mplicotion which which which which will only the condition of CONDITION of CONDITION	It meons h coused CAUSES ONS, if ouse (A) I lost.	the disease, death.) any, giving stating the		te myseordi Tesclarotee	La Jofanle Cornary Disease	en
NOI	DISEASES rise to th UNDERLYIN	, osthenio, etc. mplicotion whic  ANTECEDENT  OR CONDITIO  The obove council CONDITION  III	It meons h coused CAUSES ONS, if ouse (A) I lost.	the disease, death.) ony, giving stating the	G	te myseordi tesclerotee	al Infante Cornary Disease	en
ATION	DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE C DISEASE OR	, osthenio, etc. mplicotion whic  ANTECEDENT  OR CONDITIO  10 obove cou  G CONDITION  IIIICANT COND  DEATH BUT N  CONDITION C	It means h coused CAUSES ONS, if a use (A) I lost, on the couse of the	the disease, death.)  ony, giving stating the ONTRIBUTIN TED TO THE	G IE			
IFICATION	DISEASES rise to th UNDERLYIN  OTHER SIGN TO THE C DISEASE OR	, osthenio, etc. mplicotion whic  ANTECEDENT  OR CONDITION  The obove council of the condition  ANTECEDENT  OR CONDITION  ANTECEDENT  OR CONDITION  OR CONDITION  F OPERATION	It means h coused CAUSES ONS, if a use (A) I lost, on the couse of the	the discose, death.)  ony, giving stating the ONTRIBUTIN TED TO THE.	G		or Noil 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFICATION	DISEASES rise to the UN DERLYIN  OTHER SIGN TO THE C DISEASE OR 19A-DATE O	, osthenio, etc. mplicotion whice ANTECEDENT OR CONDITION The obove council of CONDITION  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	It meons h coused CAUSES ONS, if o use (A) I lost.  DITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE CONTRIBUTIONS TO THE CONTRIBUTION OF THE CONTRIBUTI	the disease, death.)  ony, giving stating the ONTRIBUTIN TED TO TH.	G IE WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19A-DATE O	OR CONDITION  CONDITIO	It meons the coused CAUSES ONS, if of ouse (A) I lost, OITIONS CONTROLATIONS OF THE CONTROLATIONS TO THE CAUSE OF THE CONTROLATIONS TO THE CONTROLATION TO THE	the disease, death.)  ony, giving stating the ONTRIBUTIN TED TO TH.  OTHOR ORMED	G IE WHICH OPERATION LPLACE OF INJURY (e.g.		or No) 20B. IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED
AL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE I DISEASE OR  19A-DATE O	, osthenio, etc. mplicotion whic  ANTECEDENT  OR CONDITION  THE OBOVE CONDITION  ANTECEDENT  OR CONDITION  CONDITION  CONDITION  F OPERATION  ENT WAS UNDE	It meons the coused CAUSES ONS, if of ouse (A) I lost, OITIONS CONTROLATIONS OF THE CONTROLATIONS TO THE CAUSE OF THE CONTROLATIONS TO THE CONTROLATION TO THE	the disease, death.)  ony, giving stating the ONTRIBUTIN TED TO TH.  OTHOR ORMED	G IE WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 20B. IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A-DATE O  21A-ACCIDI OR CONTRIB DEATH (notif	OR CONDITION  CONDITIO	It meons the coused CAUSES ONS, if ouse (A) I lost.  DITIONS CONOT RELATIONS AUSING 11  198. CONEWAS PERFORMAN CONFIRMATIONS CONFIRMAN C	the disease, death.)  ony, giving stating the DNTRIBUTIN TED TO TH.  DITION FOR ORMED  218 hom etc.	G IE WHICH OPERATION	in or obout 21C. WHERE Di	or No) 20B. IF YES, WEF IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE IDISEASE OR 19A.DATE OF 21A.ACCIDIO OR CONTRIB DEATH (notif	, osthenio, etc. mplicotion whic  ANTECEDENT  OR CONDITION  THE OBOVE CONDITION  AUTHORITION  AUTHORITION  CONDITION  FOPERATION  ENT WAS UNDER  UTING CAUS  y medical examination which was under	It meons the coused CAUSES ONS, if ouse (A) I lost.  DITIONS CONOT RELATIONS AUSING 11  198. CONEWAS PERFORMAN CONFIRMATIONS CONFIRMAN C	the discose, deoth.)  ony, giving stoting the DNTRIBUTIN TED TO TH.  ony, giving the DNTRIBUTIN TED TO THE DOTTON FOR ORMED  (Hour) 21E Wh	G IE WHICH OPERATION  I PLACE OF INJURY (e.g., ne, form, foctory, street, )  I INJURY OCCURRED itle At Not Wi	in or obout 21C. WHERE Dioffice bldg., INJURY OCCU	or No) 20B. IF YES, WEI IN CERTIFYING (	RE FINDINGS CONSIDERED CAUSES OF DEATH?
EDICAL CERTIFIC	DISEASES rise to 11 UNDERLYIN  OTHER SIGN TO THE DISEASE OR  19A-DATE O  21A-ACCIDI OR CONTRIB DEATH (notif	, osthenio, etc. mplicotion whic  ANTECEDENT  OR CONDITION  THE OBOVE CONDITION  AUTHORITION  AUTHORITION  CONDITION  FOPERATION  ENT WAS UNDER  UTING CAUS  y medical examination which was under	It meons the coused CAUSES ONS, if ouse (A) I lost.  DITIONS CONOT RELATIONS AUSING 11  198. CONEWAS PERFORMAN CONFIRMATIONS CONFIRMAN C	the disease, death.)  ony, giving stating the DNTRIBUTIN TED TO TH.  DITION FOR ORMED  218 hom etc.  (Hour) 21E	G IE WHICH OPERATION  I PLACE OF INJURY (e.g., ne, form, foctory, street, )  I INJURY OCCURRED itle At Not Wi	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Dioffice bldg., INJURY OCCU	Or No) 20B. IF YES, WEIN CERTIFYING (If in Bolting) (If in Bolting) (If in Bolting) (INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location)
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MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE CONTRIB DISEASE OR 19A. ACCIDIO OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.)  22. I certify thot (I) (we and hour or 23A. SIGNAT  23C. PHYSICI. NAME (	OR CONDITION  OR	It means the coused to coused to coused to coused to coused to couse the couse the coused to coused the coused the coused to coused the coused th	the disease, death.)  Ony, giving stating the DNTRIBUTIN TED TO THE DITION FOR ORMED  (Hour) 21E Wh. Wo. attended & dalive an ged above. (	WHICH OPERATION  A PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, form, foctory, ne, form, foctory, ne, form, foctory, ne, foc	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Dioffice bldg., INJURY OCCU 21F. HOW DID 21F. HOW DID 21F. HOW DID 21F. HOW DID 32F. HOW D	20B. IF YES, WEIN CERTIFYING (If in Boltimer?)  O INJURY OCCUR?  19 (7 ta 2)  and that in (my) (our) couth.  Stoff Phys.   RSTOWN ROAD	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact location)  238, DATE SIGNED  19 17
MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE CONTRIBUTE OF INJURY  21A. ACCIDION	osthenio, etc. mplicotion whic  ANTECEDENT  OR CONDITION  III CONDITION  CONDITION  CONDITION  CONDITION  OF OPERATION  (Month) (Doy  That (I) (this  ) lost saw the  and from the con  URE  AN'S  Type)  CE  EMATION, (248.  (Specify)  (Specify)	It meons the coused to coused to coused to coused to coused to couse the coused to couse the coused to couse the couse the couse to couse the cous	the discose, deoth.)  ony, giving stoting the ONTRIBUTIN TED TO TH.  ONTRIBUTIN TED TO TH.  (Hour) 21E  Wh  Wo  attended to dalive an accordance of the control of the cont	WHICH OPERATION  A PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, foctory, ne	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Dioffice bldg., INJURY OCCU 21F. HOW DID 21F. HOW DID 21F. HOW DID 21F. HOW DID 32F. HOW D	Or No) 20B. IF YES, WEF IN CERTIFYING (If in Boltim R? (If in Boltim R?) (If in Bolt	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exact location)  23B. DATE SIGNED  11 8-67  (City, town, or county)  (Stot
MEDICAL CERTIFIC	DISEASES rise to the UNDERLYIN  OTHER SIGN TO THE CONTRIBUTE 19A. ACCIDION 21A. ACCIDI	osthenio, etc. mplicotion whic  ANTECEDENT  OR CONDITION  III CONDITION  CONDITION  CONDITION  CONDITION  OF OPERATION  (Month) (Doy  That (I) (this  ) lost saw the  and from the con  URE  AN'S  Type)  CE  EMATION, (248.  (Specify)  (Specify)	It meons th coused CAUSES  ONS, if ouse (A) I lost.  OITIONS C(A)	the discose, deoth.)  ony, giving stoting the ONTRIBUTIN TED TO TH.  ONTRIBUTIN TED TO TH.  (Hour) 21E Whom etc.  (Hour) 21E Whom etc.  (Hour) 21E Whom etc.  (Hour) 21E CH	WHICH OPERATION  A PLACE OF INJURY (e.g., ne, form, foctory, street, ne, form, foctory, ne, foctory,	20A. AUTOPSY? (Yes of in or obout 21C. WHERE Dioffice bldg., INJURY OCCU 21F. HOW DID 21F. HOW DID 21F. HOW DID 21F. HOW DID 32F. HOW D	Or No) 20B. IF YES, WEI IN CERTIFYING (III IN Boltim R? (III IN Boltim R? ) INJURY OCCUR?  19 ( ) ta	RE FINDINGS CONSIDERED CAUSES OF DEATH?  nore City, give exoct locotion)  238. DATE SIGNED  19 17



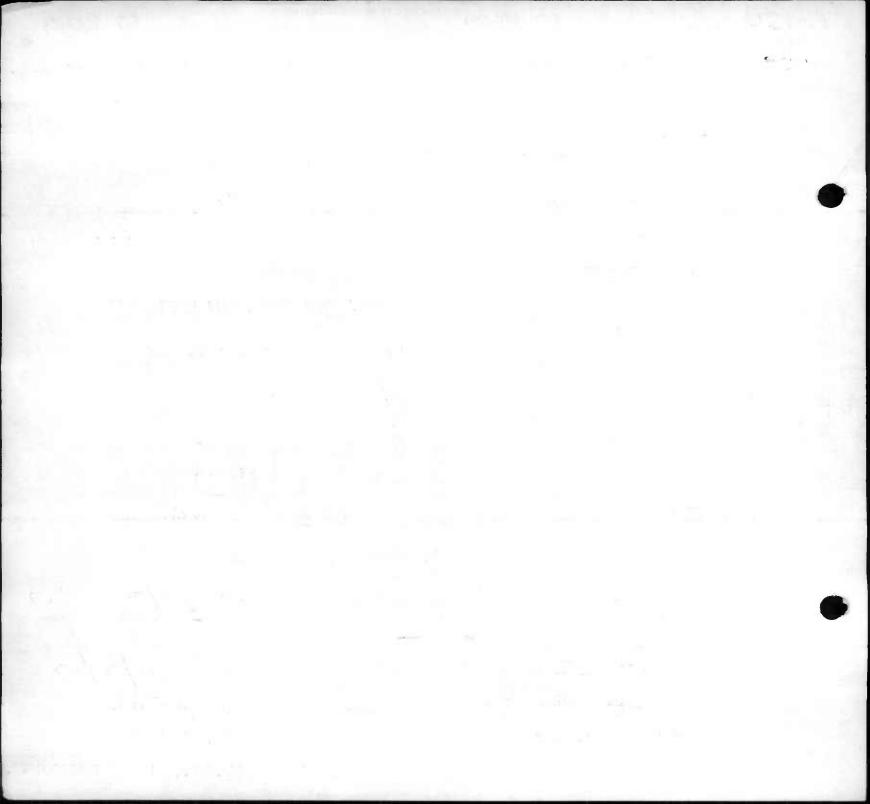
## IMPORTANT FUNERAL DIRECTOR:

prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner.

V\$ 150-REV. 1/1/65

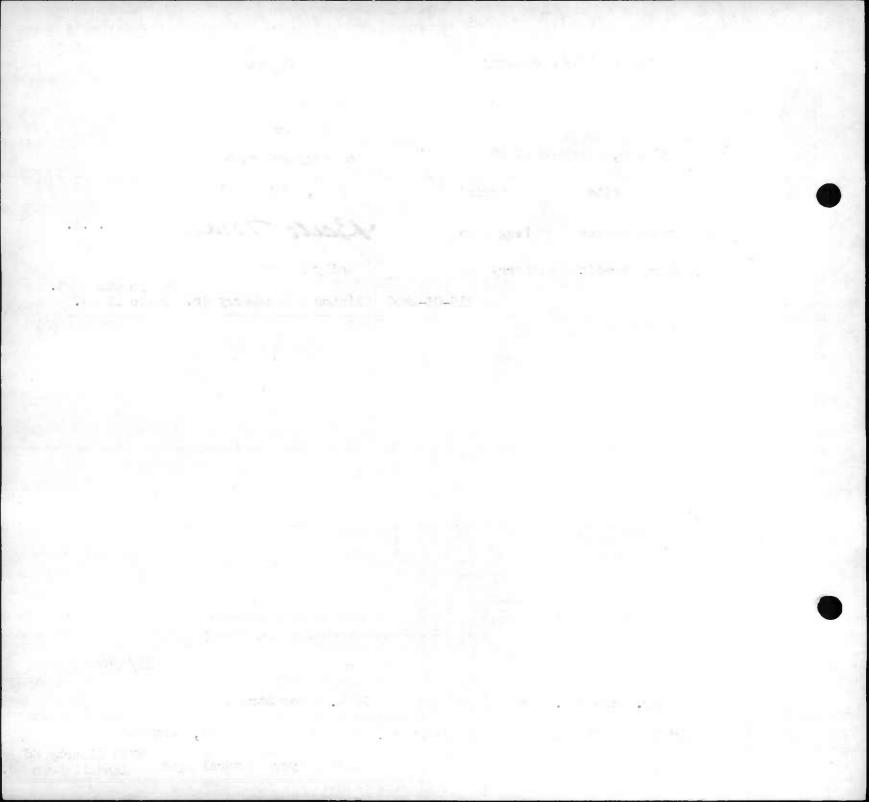
67 40720 BALTIMORE CI	TY HEALTH DEPARTMENT
BIRTH NO. 67 10789 CERTIFIC	ATE OF DEATH Registered No. 67 11789
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)
S. FLACE OF DEATH IN BALLIMORE, MARILAND	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give towardin).
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give towerhip)  BALTIMORE
7.2	
SINAL HOSPITAL OF BALTIMERE	4217 WOODMERE AVENUE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOW WIDOW	B. DATE OF BIRTH  9. AGE (In years lif Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even it retired)	RY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	RUSSIA U.S.A.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
? GREENBLATT	UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO	MRS. SONYA FRAME, 3311 LAURIE ROAD
4631	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	transfer of
	ONGESTIVE HEART FAILURE
heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	1001/1
ANTECEDENT CAUSES (B)	ASCVD
DISEASES OR CONDITIONS, il any, giving	
rise to the abave cause (A) stating the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CASTNOT OF DISEASE OR CONDITION CAUSING IT.	INTESTINAL BLEEDING
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF TEX WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?
Q 21D, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY  While At Not W	/hite
22. I certify that (45) (this haspital) attended the deceased fram	
that (I) (we) last saw the deceased glive on	19.6.7 and that in (my) (a) apinian death accurred an the date
and haur and from the causes stated above. (1) (4) (did) (4)	
23A. SIGNATURE)	238. DATE SIGNED /
M.D. A	Attending Med. Stoff Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type) A	23D. ADDRESS
the term M.	o. Since Hospital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 11-10-67 BNAI ISRAEL	BALTIMORE, MARYLAND
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 13 1967 Robert E. Farbura	SOL LEVINSON & BROS. INC. , 6010 REISTERSTOWN RD

25C. FUNERAL DIRECTOR ADDRESS LEVINSON & BROS. INC., 6010 REISTERSTOWN

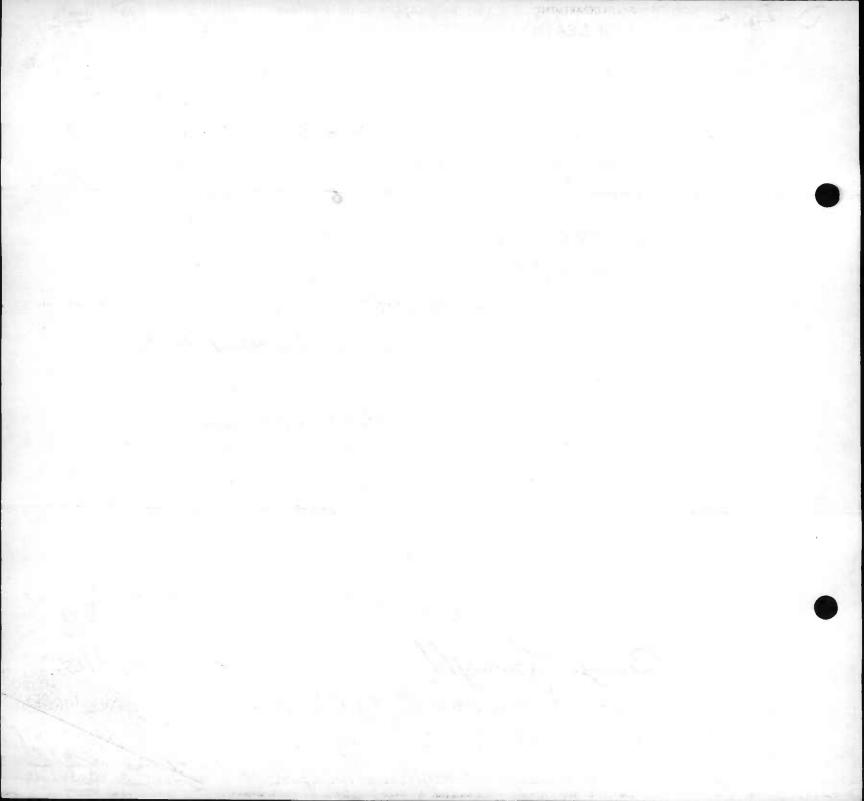


VS 150-REV. 1/1/65

	nton Kilty Ma			2. DATE AND HOUR	, 1967	7.30p
FULL NAME OF HOSPITAL OR INSTITUTION		or institution,	give street		limits, write RURAL	on: residence before admission
	ore, Maryland	21210		6 Merryman Court	TOCONON/	
Male	White	7. MARRIED, WIDOWEI MARY	NEVER MARRIED D. DIVORCED (specify)	May 29, 1896 9. AGE (1)	n yeors If L Mor	Jnder 1 Yr. If Under 24 H
one during most of	UPATION (Give kind of work working life, even if retired)  1 Banker	Legg &		11. BIRTHPLACE (State or foreign country)	y) 12.	CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA				14. MOTHER'S MAIDEN NAME		
S. Was Decensed	Meredith Mac	ca.?	1 6. SOCIAL	Emily Hillen	701 Wm	ndhirst Rd.
es, no or unknown	(If yes, give wor or dote	s of service)	215-05-2860	Clinton K Macsherry		
heart failure, injury or con	SE OR CONDITION DIR LEADING TO DEATH not meon the mode of osthenio, etc. It meons application which caused ANTECEDENT CAUSES	dying, e.g., the disease, death.)	(8)	nenac 6/ du	3	
DISEASES (rise to the UNDERLYING	LEADING TO DEATH not meon the mode of osthenio, etc. It meons nplicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost.  IFICANT CONDITIONS C DEATH BUT NOT RELA	dying, e.g., the disease, death.)  ony, giving stoting the	(B)	nemac 6/ duy	<b>t</b>	
DISEASES (rise to the UNDERLYING	LEADING TO DEATH not mean the mode of osthenio, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost.  Il IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	dying, e.g., the disease, death.)  ony, giving sloting the CONTRIBUTINATED TO THE T.	(B)	20A. AUTOPSY? (Yes or No) 20B. IF IN CER	YES, WERE FINDIN	NGS CONSIDERED OF DEATH?
DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19A. DATE OF THE DISEASE OR THE D	LEADING TO DEATH not meon the mode of osthenio, etc. It meons inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost,  II IFICANT CONDITIONS CONDITION CAUSING I F OPERATION [198, CON	dying, e.g., the disease, death.)  ony, giving sloting the CONTRIBUTINATED TO THE.  DITION FOR STORMED	G  G  B  WHICH OPERATION  L. PLACE OF INJURY (e.g., ir ne, form, factory, street, of	20A. AUTOPSY? (Yes or No) 20B. IF		NGS CONSIDERED OF DEATH?
DISEASES (rise to the UNDERLYING)  OTHER SIGN TO THE DISEASE OR 19A. DATE OF DISEASE OR DESCRIPTION OF THE DISEASE OR DESCRIPTION OF THE DISEASE OR CONTRIBUTE OR CONTRIBU	LEADING TO DEATH  not meon the mode of     osthenio, etc. It meons  nplicotion which caused  ANTECEDENT CAUSES  OR CONDITIONS, if     e obove cause (A)     G CONDITION lost.  II  IFICANT CONDITIONS C  PEATH BUT NOT RELA  CONDITION CAUSING I  F OPERATION 198. CONDITION CAUSING I  F OPERATION 198. CONDITIONS C  NT WAS UNDERLYING UTING CAUSING I  NT WAS UNDERLYING UTING CAUSE OF	dying, e.g., the disease, death.)  ony, giving sloting the CONTRIBUTION ATED TO THE TOTAL TOTAL CONTRIBUTION FOR STORMED    218 hometic.   21	G  B  CO  CO  G  BE  WHICH OPERATION  L PLACE OF INJURY (e.g., in the, form, factory, street, of the colory)  INJURY OCCURRED the colory in the colory of the color of the colory of the color of the	20A. AUTOPSY? (Yes or No) 20B. IF IN CER n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	If in Boltimore City,	
DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR TO ACCIDE OR CONTRIBUTION OF INJURY (APPROX.)  22. I certify that (I) (we)	LEADING TO DEATH not mean the mode of osthenio, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost.  IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I F OPERATION 198. CON WAS PERI UTING CAUSE OF MEDICAL CONDITIONS C (Month) (Doy) (Year)  Thot (I) (this hospital) I that (I) (this hospital) I lost sow the decease I defermed the couses stated	dying, e.g., the disease, death.)  ony, giving stoting the CONTRIBUTINATED TO THE T. DITION FOR MED  (Hour) 21E, Wh. Wo.	G IE  WHICH OPERATION  L. PLACE OF INJURY (e.g., in e., form, factory, street, of interpretable of the control	20A. AUTOPSY? (Yes or No) 20B. IF IN CER  n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCC  19 33  19 30  19 19 19 19 19 19 19 19 19 19 19 19 19 1	CUR?	give exact location)
DISEASES (rise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR 19A. DATE OF OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATURE (1) (we) 23C. PHYSICIA NAME (1)	LEADING TO DEATH not mean the mode of osthenio, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost,  II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING F OPERATION 198. CON WAS PERI NT WAS UNDERLYING UTING CAUSE OF medical examiner)  (Month) (Doy) (Year)  That (I) (this hospital of that (I) (this hospital	dying, e.g., the disease, death.)  ony, giving sloting the CONTRIBUTIN ATED TO THE TOTAL TED TOT	(B) DUE TO (C)  G G IE WHICH OPERATION  L. PLACE OF INJURY (e.g., ir ne, form, factory, street, of other of the control of the	20A. AUTOPSY? (Yes or No) 20B. IF IN CER  or obout 21C. WHERE DID (INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 55 ond that in (my iew the body ofter death.	CUR?  to  () (our) opinian	give exact location)  19 6



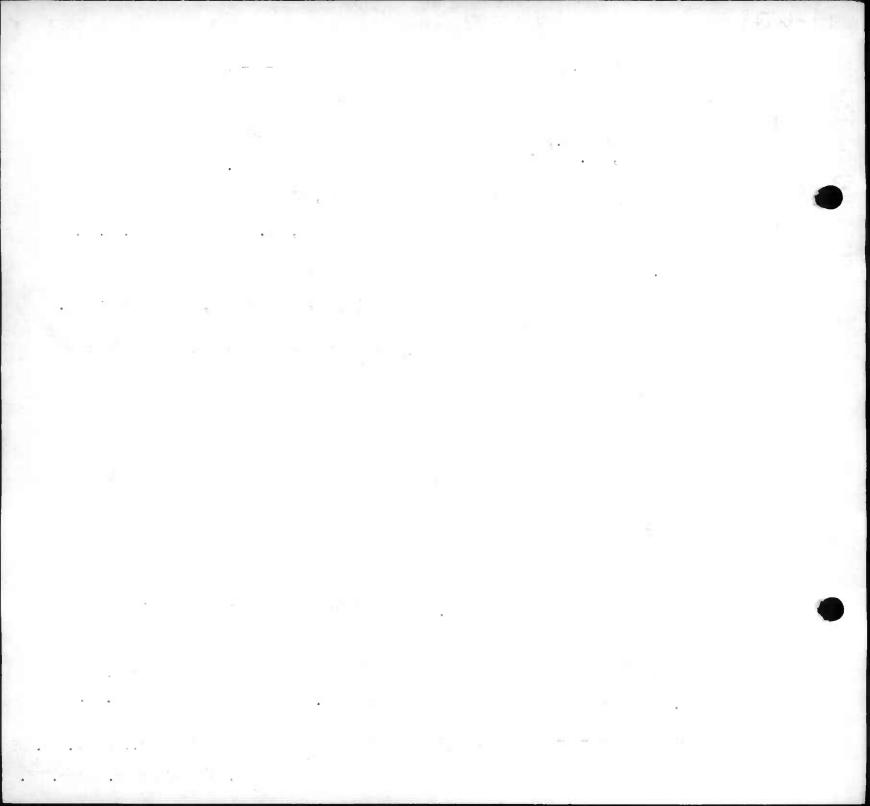
7	- OP 40P	04 BALTIMORE CITY	HEALTH DEPARTMENT	1	67 10704
-	BIRTH NO. 67 107	CERTIFICA	TE OF DEATH	Registered Na	07 10/31
	M.E. CASE NO. 1. NAME OF DECEASED	CERTIFICATION I		HOUR OF DEATH	
ď	(Type or Print)		2. DATE AND	1/7	117.00
	DUGANS UIF 3. PLACE OF DEATH IN BALTIMORE MARYLAND	361E L.	TA LISUAL PESIDENCE (Where	detensed lived If in	titution: residence before odmission)
	3. FEACE OF BEATH IN BACHMONE, MARIENIO		A. STATE B. COUNTY	receased lived. If this	A Property of the contraction of
	FULL NAME OF (If not in hospital or institut	ion, give street	mo. Be	altimo	RF(D)
	HOSPITAL OR oddress or location) INSTITUTION				URAL and give township)
	49		REISTERS	TOWN	53-00
			DI STREET ADDRESS (If rure	ol, give location)	
	NORTH CHARLES GENER	AL HOSPITAL	ChROMINE	Road	
	5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED DWED, DIVORCED (specify)		AGE (In years t birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min,
		A RRIED	7-6-02	6.5	10013
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN		11, BIRTHPLACE (State or foreign	00	12. CITIZEN OF
	done during most of working life, even if retired)	11.22-1	110.		WHAT COUNTRY?
	13. FATHER'S NAME	FOSPIJAL	UIRGINIA	:	U.S.A.
ì	IST PATHER'S INAME		14, MOTHER'S MAIDEN NAME		
	John DOFF MEYER  15. Was Deceased Ever in U. S. Armed Forces?			CHER	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	A =	212-38-0449	Chapt NOG	th Oha	RIES GEN. HOSP.
	18.	CAUSE O	Direction 10	IN ONA	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	0,,000	A	10	ONSET AND DEATH
	LEADING TO DEATH	0	ageshin to	iay /a	Pan
	(This does not mean the mode of dying,	e.g., DUE TO	77		
	heart failure, asthenia, etc. It meons the disc injury or camplication which caused deoth.)	eose,	8	1	
	ANTECEDENT CAUSES	(B)	menmon	W,	
1		DUE TO	01-		
1	DISEASES OR CONDITIONS, if ony, gi		2 Menor ele	m	
ı	UNDERLYING CONDITION last.				
ı	11				
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ı	DISEASE OR CONDITION CAUSING IT.	, Inc			
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION		20B. IF YES, WERE F	INDINGS CONSIDERED
	E C		mo.		
	OR CONTRIBUTING CALLSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	DEATH (notify medical examiner)	etc.)			
	21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY	While At Not While	e 📉		
		Work At Work	/ 3	CH ()	
	22. I certify that (I) (this hospital) attend	led the deceased fram	1 11	67 to 11-	
	that (I) (we) last saw the deceased alive	an//	19 <i>Q</i> / and that	in (my) (aur) opin	nian death accurred an the date
	and haur and from the causes stated above	ve. (1) (We) (did) (did nat) v	riew the body after death.		
	23A. SIGNATURE				23 B. DATE SIGNED
	Lewise Sm	yould M.D. Att	s. Med. St.	off nys.	11/4/67
	23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS	,	mD
	NAME (Type)	/ ( 0 0) M.D.	#101	1110	1 Palalanal
	MARTIN S. FE	ramhio	1 Cherry	+111 1500	ad 17e15teRStown
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERS OF CR	MATORY 24D.ILOC	CATION (Cit	y, town, or county) (State)
+	Durial 11/10/67	Granite 1)	restritures I	ramit	Stallo md
1	25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	250 FUNERAL DIRECTOR		A D D D D D D D D D D D D D D D D D D D
	250.114	INTE OF REGISTRAR	25 GF GIVERAL BIRECTOR	677,0	ADDRESS
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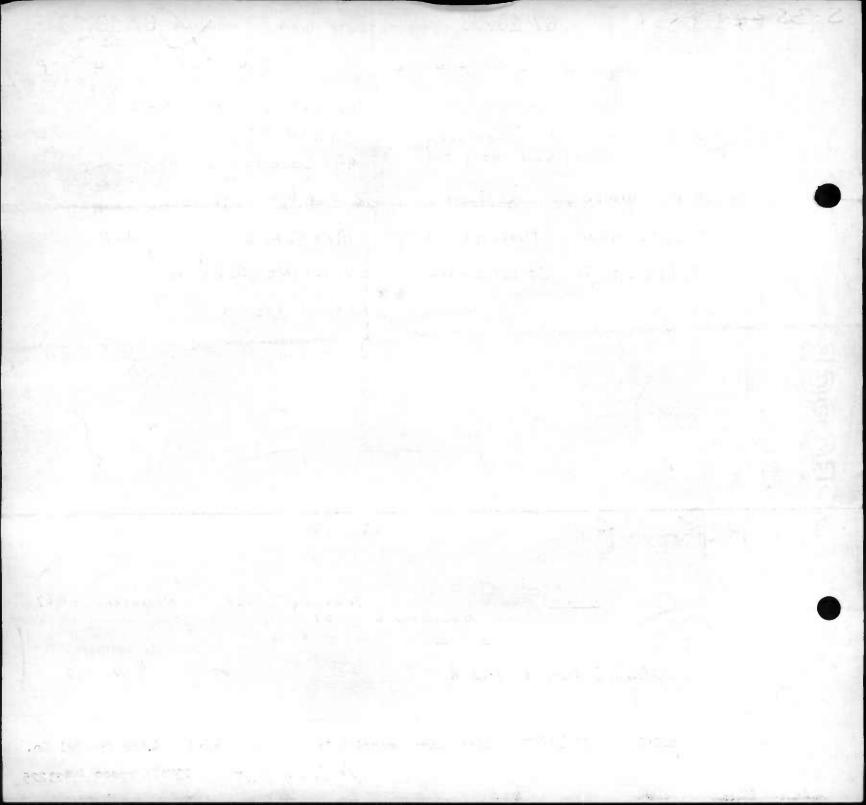
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 67 10792 CERTIFICATE OF DEATH Registered No. BIRTH NO. sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased Such on the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 11-10-67 NAOMI K. HAIRSINE death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY attendance the direct or contributing cause Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or lacation) C. CITY OR TOWN (If autside city limits, MIRAL and give township) 0 Baltimore 1226 Marshall St., prior D. STREET ADDRESS (If rural, give location) Baltimore, Md. 21230 in regular 1226 Marshall 9. AGE (In years is mad 6. RACE MARRIED, NEVER MARRIED If Under 24 Hrs. 5. SEX 8. DATE OF BIRTH If Under 1 Yr. Manths: Days deceased WIDOWED, DIVORCED (specify) last birthday) Hours June 13, 1913 Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Housewife Baltimore, Md. U. S. A. Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the John F. Burk assistant death Florence LO 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give wor or dates of service) ADDRESS 16. SOCIAL final SECURITY NO. attendance No Robert Glenn Hairsine, 1226 Marshall St. any nature; (2) Body burns; (3) A fracture of any (except where the physician who pronounced CAUSE OF DEATH 0 ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY balmed Hypertensive cardio vascular 15 yrs LEADING TO DEATH (This does not mean the made of dying, e.g., renal disease heart failure, asthenio, etc. Il means the disease, examiner a medical examiner. regular injury or camplication which caused death.) em ANTECEDENT CAUSES (B) are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the = remains UNDERLYING CONDITION Inst. Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician Diabetes Mellitus DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED the body was released to the hospital by shows: (1) An accident of any nature; (2) B 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, farm, foctary, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF ŝ DEATH (natify medical examiner) MEDIC, obtained 21D. TIME (Manth) (Doy) (Year) (Haur) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Nat While I (APPROX.) At Wark and 22. I certify that (I) (this hospital) attended the deceased from February 19 55 to Nov 10. 15 Nov.9. that (1) (we) last sow the deceased alive on and that In(my) (our) opinion death accurred on the date eath) hospital and haur ond from the couses stated above. (1) (We) (did) (dld not) view the body ofter deoth. must 23A. SIGNATURE 23B. DATE SIGNED Ö Attending Phys. Med. 10 approval Director Nov13.1967 0 23C. PHYSICIAN'S 23D. ADDRESS prior certificate at NAME (Type) 1226 S. Hanover Street Balto.Md. Dr. Harry Deibel 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, tawn, or county) deceased (State) Ö written d Burial 11-14-67 Loudon Park Cemetery Was 268. NAME OF REGISTRAR FUNERAL DIRECTO Ma Light St. Balte. Md.



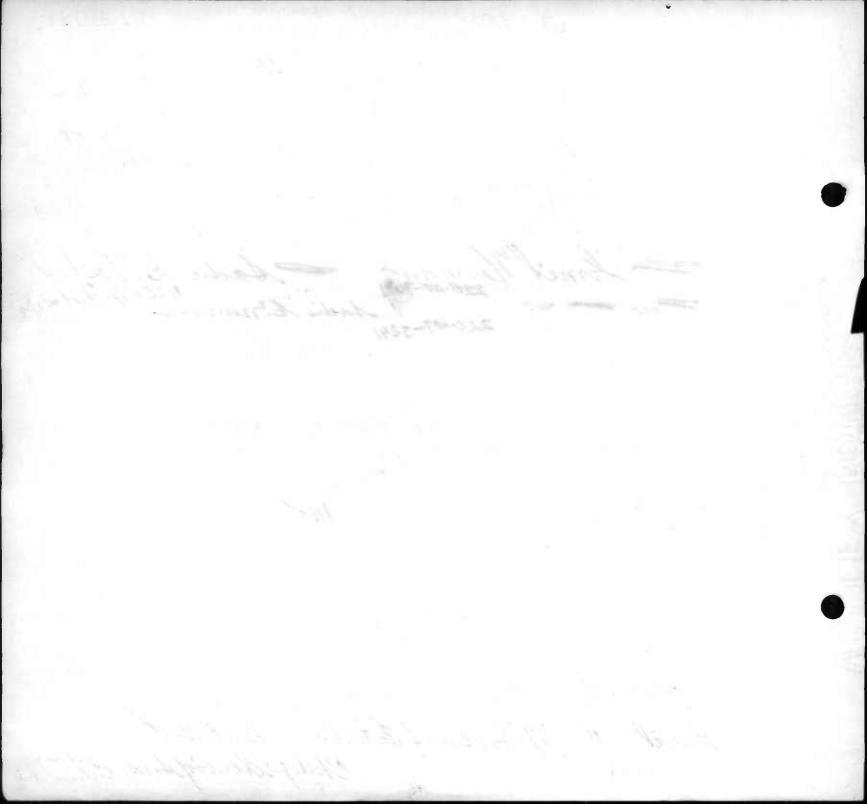
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH	DEPARTMENT	/	Jon Longs
BIRTH NO. 6/ 10	0793 CERTIFICA	TE O	F DEATH	Registered Na.	/67 10793
THE CASE ITO!	921(11119)				
1. NAME OF DECEASED			_	HOUR OF DEATH	
(Type or Print) George Davis	Stinchcomb		8	Nou 67	1 455 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUA	L RESIDENCE (Where	deceased lived. It in	stitution: residence before admission)
		A. STATE	B. COUNT	1	1
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY	OR TOWN (If outs	BALTIM ide city limits, write I	ORE GIVE township)
Dead on arrival - UN			TADDRESS (II II	urol, give locotion)	53.00
gg of Maryland	Hospital	44	7 Caledi		verue
	RIED, NEVER MARRIED	B. DATE		. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M. J. Lasta de a	owed, DIVORCED (specify)	2 :	sep 06 "	6 1	Monins Doys Hours Will.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN)		11. BIRTH	PLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working tite, even it retired)		M			
Counterman Plum	bing 4 Heating	[[]]	HRY LAN	<u>)</u>	USA
13. PATHERS NAME		14. MOI	TEKS MAIDEN NAM	VE.	
Tefferson D. Sting	heamb	C.c.t	herine	Schram	m
Tefferson D. Stine 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	17. INFOR	MANT	och lam	ADDRESS
(Tes, no or unknown) (If yes, give wor or dotes of servi					
UNKNOWN	UNKDOWN		real Rec	ord	
18. / 99 2	CAUSE	F DEATH			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH	(A) YY	letas	tatic Co	rcinoma	UNISNOWN
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise					
injury or complication which coused death.)	036,				
ANTECEDENT CAUSES	(B)			- Chairle San	
	DUE TO				
DISEASES OR CONDITIONS, if ony, gi					
UNDERLYING CONDITION lost.	(6)				
11					
O OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
U 19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	120 A. A	LITOPSY? (Yes or No)	208. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F			es	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,			(If in Boltimore	City, give exect location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	office bldg.,	INJURY OCCUR?	tif in continon	City, give exect loconom
DEATH (notify medical examiner)	etc.)				
O 21D. TIME (Month) (Dov) (Year) (Hour)	21E, INJURY OCCURRED	-	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi				
(31160%)	Work At Work				
22. I certify that (I) (this hospital) attend	ed the deceased fram	Jan	ruary 1	9 65 to N	ovember 1967.
that (I) (we) last saw the deceased alive	on November	6 19	67 and the	t in(my) (aur) api	nian death accurred an the date
and haur and from the causes stated abov	(1) (Wa) (did) (did nat)	utam shall	andu after death		
23A. SIGNATURE	e. (i) (we) (did) (did ildi)	VIOW III	oddy difer dedin.		238, DATE SIGNED
23A. SIGNATURE	A D A	onding —	AAnd -	Shell -	23 & DATE SIGNED
William Edward	mock M.D. Att	ys.	Med. Director	Stoff Phys.	8 Nov 67
23C. PHYSICIAN'S		23 D. ADD	RESS		
NAME (Type)	M.D.				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY or CR	EAAATORY	245 10	CATION	ty town or county) (Sec. )
REMOVAL (Specify)	C. IT AME OF CENTEREN OF CR	EMAIORI	7240. [0	CATION (C	ty, town, or county) (Stole)
Burial 11/11/67	Glen Haven Men	norial	Park Gl	en Burnie	Anne Arundel Co.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA.	ME OF REGISTRAR	25C.	UNERAL DIRECTOR	· · · · · · · · · · · · · · · · · · ·	ADDRESS
NOV 1 3 1967 (DO A	LO ZAD HE	n	Gulles F	H 237	Patapsco Ave 21 225
VS 150 BEV 1/1/45	T. C. Months	17.6	contag /	11 - 231	1000paco 21225
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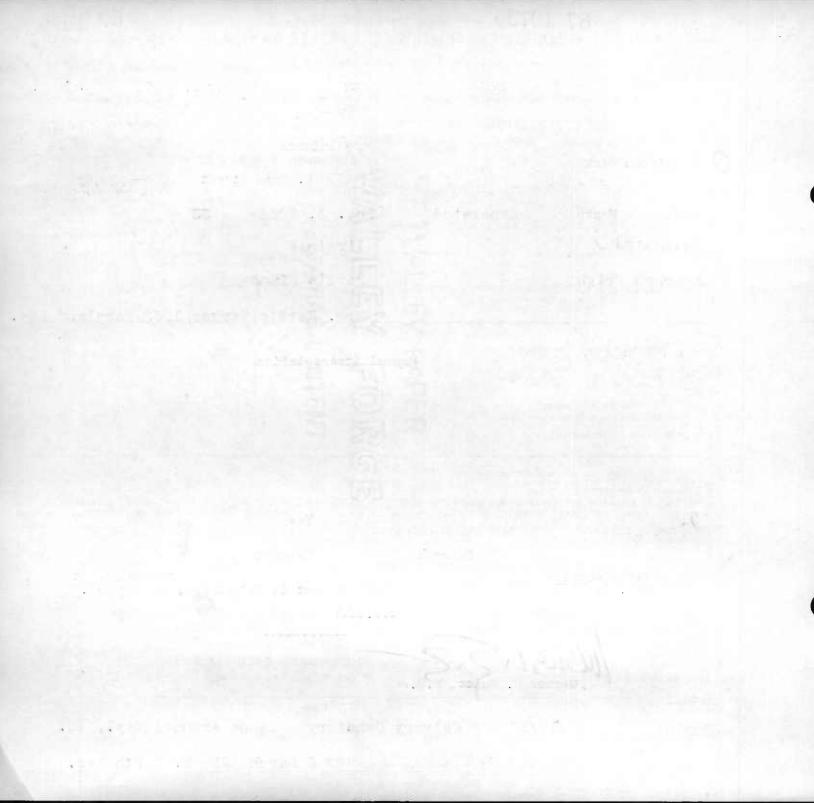
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	Y HEALTH DEPARTMENT	67 10794
	ATE OF DEATH Registered No.	20,02
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  OATTS a DECEASED	2. DATE AND HOUR OF DEATH	930 p
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution	on: residence before admission)
	A. STATE B. COUNTY  MARYCANO	
FULL NAME OF (If not in hospital or institution, give streef HDSPITAL DR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURA)	and give townships
V .	BALTIMORE de	0-34
STHE SINAI HOSP	D. STREET ADDRESS (If rural, give location) 5925 RADECKE AUE F	+6
5. SEX  6. RACE  7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT, COUNTRY?
WAITRESS	BARTMORE. MO	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	" Faller
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no, or unknown][If yes, give wor or dotes of service]	17. INFORMANT 43.5	- AODRESS
the mo UNK	And Francisco	of the roland of
18. 5 1 22.0-47-435.	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	HEPATIC COMA	72 hrs
(This does not meon the made of dying, e.g., DUE TO heart failure, astherio, etc. It means the disease,		/^
injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	CIRRHOSIS	10 yrs
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION tost.	CHRONIC Accordism	ByRS
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ONE	
19A. DATE OF OPERATION WAS PERFORMED VONCE	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 21 C. WHERE DID Affice bldg., INJURY OCCUR?	, give exact location)
21D. TIME (Month) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED  OF INJURY  While At Not W	hile 21F. HOW DID INJURY OCCUR?	
, & _ Work _ At Wo	16 10 17 11-	11 67
22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an		19 0
		death accorded an the do
and haur and from the causes stated above. (1) (Was) (did) (did not)		DATE SIGNED
holl to be mo.	Med. Stoff Phys. Director Phys.	10-10-67
23C. PHYSICATES NAME (1/0)	23D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE 1 24C. NAME OF GENETERY OF	THE SENTE LIEUR	n, or county) (Stote)
Bunch (1) 167 Fardin of	Faith In Baltsmid	
NOV 13 1967 P. S. Hame OF REGISTRAR NOV 13 1967	25C. FUNERAL DIRECTOR STUDY Se	ns Cilians A
VS 150-REV. 1/1/65		



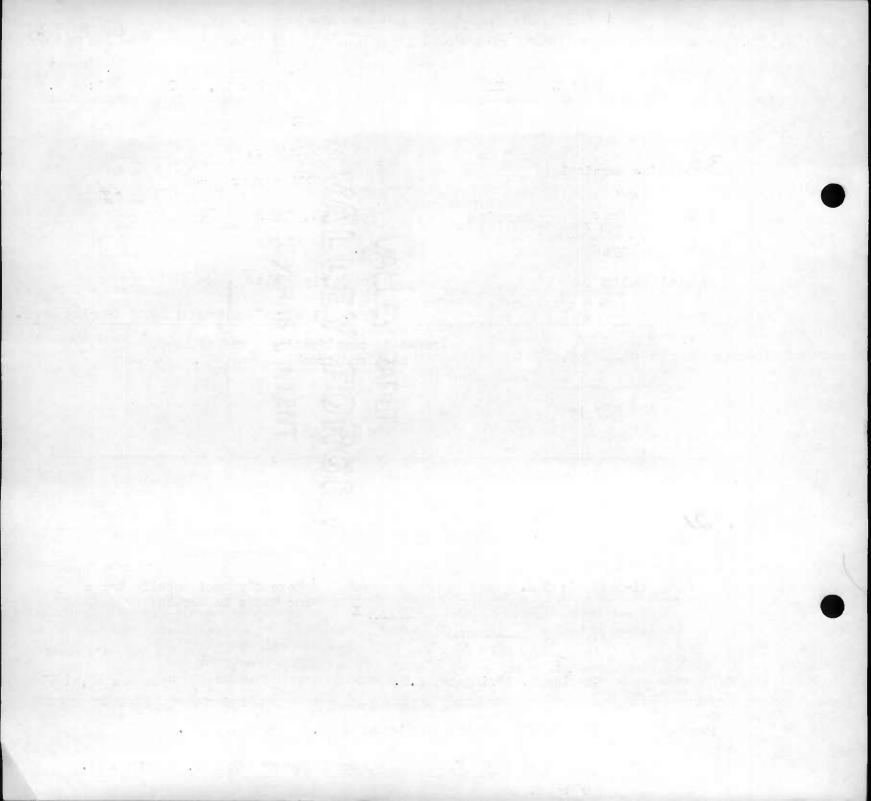
## 67 10795 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M,E	CASE NO.									
1. N	AME OF DEC	CEASED					2. DATE AN	D HOUR PRONOUNCE	ED DEAD	
тур	DORO	THY		MAE		HOLT	Nov	ember 5, 19	67	5:10 P.M.
		IMORE, MAR	YLAND, WHE	RE PRONOU	NCED DEAD		RESIDENCE (Where	deceosed lived. If insti	itution: reside	
HOS	L NAME OF	(IF NOT I	N HOSPITAL	OR INSTITU	TION, GIVE STREET			e carparate limits, write	RORAL one	give township)
1	)					Bal	timore		3	3
16	/ Clift	on Park				D. STREET	ADDRESS (If rural,	give location)		
						1530	N. Bond	Street		
5. SI	X	6. RACE			NEVER MARRIED DIVORCED(specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthday)		Yr. If Under 24 Hrs. Doys : Hours , Min.
	emale	Megr	0	Sepa	rated BUSINESS OR INDUSTR	Nov.	3, 1934	33	12. CITIZEN	
done	during most of	working life, eve		10115 01	50 3111230 OK 11120311				WHAT	COUNTRY?
	ATHER'S NAM					Virg	1118			
13. F	ATHEKS NAN	16				14. MOTHER	S MAIDEN NAMI			
		n Wrigh				Hatt	ie Finne	y		
		O EVER IN U.			16. SOCIAL SECURITY NO.	17. INFORM	ANT		ADDRESS	
,	110 01 0111110111	700, 9,10		J. 3017.007		25	TT - 1 - 2 -	D 3 MG	75 35	
1	IB, )	C			CALLS	E OF DEATH		Parker 178		ryland Ave.
	24	8 31			CAUS	E OF DEATH				ONSET AND DEATH
	DISEA	SE OR CONE		CTLY						
	(This does	LEADING T		vina e.a.		al Stra	ngulation	**********************		• • • • • • • • • • • • • • • • • • • •
	heart failure,	, asthenia, etc. mplication which	tt means th	e disease.	DUE TO					
	,017 01 00	inpiredian wiii	cii caasea act							
		NTECEDENT			(6)					
	DISEASES	OR CONDITI	ONS, IF AN	, GIVING	DUE TO		•••••••••	•••••		
		E ABOVE CA		IING THE						
Z					(C)			********************************		
음		11								
V		NIFICANT CO							1 4 4	
트		R CONDITION			nc	•••••				bb
CERTIFICATION	19A, DATE OF	OPERATION	19B. CONDI		WHICH OPERATION	20A. AU1		208, IF YES, WERE FIN		TH?
	EVTERNIA	L CALLER WA				1 1 1 2	Yes	(1/ : 5		Yes
O	UNDERLYING	L CAUSE WA	72	21B, I	PLACE OF INJURY (e.g., farm, factory, street,	affice bldg., IN	JURY OCCUR?	(It in Baltimore City, giv	ve exoct lac	otian)
MEDICAL	UTING LCAU	SE OF DEATH	1.	etc.)	Unknown		Unknown		0	0-00
	21D TIME _	(Month) (D	Day) (Year)	(Haur) 2	E. INJURY OCCURRED	2	F. HOW DID INJU	JRY OCCUR?		
		arly mo	rning		VHILE AT NOT	WHILE X	put in du	stra ffel bag, a		d, stabbed, ped.
	22,	tify that I he	eld on Ing	uiry 🗌	Inspection A	topsy XX	and that on thi	is bosis, death In m	av opinion	
	resul	ted from; N	aturol cous	es A	ccldent Suici	de Ho	micide X	Indetermined monne	er	
			100	, <	-	CHIE	F MEDICAL EX	AMINER		DATE SIGNED
	SIGNAT		mes	11.	M.I	ASSISTAN	T MEDICAL EX	AMINER X		DATE STORES
	EXAMIN	. 1/1/					TE MEDICAL EX		1	1/6/67
	NAME (	Туре)			Yat, M.D.					
	BURIAL CRE		8. DATE	230	C. NAME OF CEMETERY	or CREMATO	RY 23D. L	OCATION (City,	, tawn, ar ca	ounty) (State)
	mial	RY HEALTH	11/15/ DEPT.		t Calvary		ry An	ne Arundel		Md.
-4/		ST 40 1 10 10	1007	A		240. [1	JILLAL DIRECTOR		A1	
		MOV 13	1201	La Ser O	E. tackera	Wm	C March	928 E. 1	North	Ave.



## 67 10795 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10796

THE DIGITE EXAMINATION	CERTIFICATE OF BEATTIME
I.E. CASE NO.	
NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
SAMUEL WHITE	November 10, 1967 12:40 A. M.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
III NAME OF THE NOT IN HOSPITAL OF INSTITUTION GIVE STREET	Maryland
JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
311011014	Baltimore
Manhina Hamital	D. STREET ADDRESS (If rurol, give location)
Hopkins Hospital	2222 Harford Road
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	last birthday) Months, Days Hours, Min.
Male Negro Married  A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	July 20, 1893 74
one during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Self Employed	Va.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel White Sr	Øordelia White
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	Mag Alberts Anderson 1070 Denley A-
Yes WWI	Mrs. Alberta Anderson 1232 Darley Av
Pince 107   /2	USE OF DEATH ONIS COMPLICATION DUMPS OF head ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	onia complicating burns of head,
LEADING TO DEATH	neck and trunk
(This does not meen the mode of dying e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	
injury of complication which coused deam.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UNING CAUSE OF DEATH.  21B. PLACE OF INJURY (6 home, form, foctory, site etc.) home	e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact lacation) et, office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	2222 Harford Road
OF INJURY	
(APPROX.) 11-4-67 4:45 P. WHILE AT NA WORK	Apparently accidentally burned by
22.	hot water in bathtub Autopsy X and that an this bosis, death in my apinion
	icide Hamicide Undetermined manner
(1) 1) , A	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CLASSICAL	M.D. ASSISTANT MEDICAL EXAMINER
	D. ASSOCIATE MEDICAL EXAMINER November 10, 1967
NAME (Type)	November 10, 1907
A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETE	ERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
MOVAL (Specify)	
	ional Cem. Balto., Md.
A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 12 1007 A A A T. A	Wm C Monch OSS E Nonth Ave
5 151-REV. 1/1/65	Wm C March 928 E. North Ave.
N 9 4 4 9	8-1-8-8-8-8

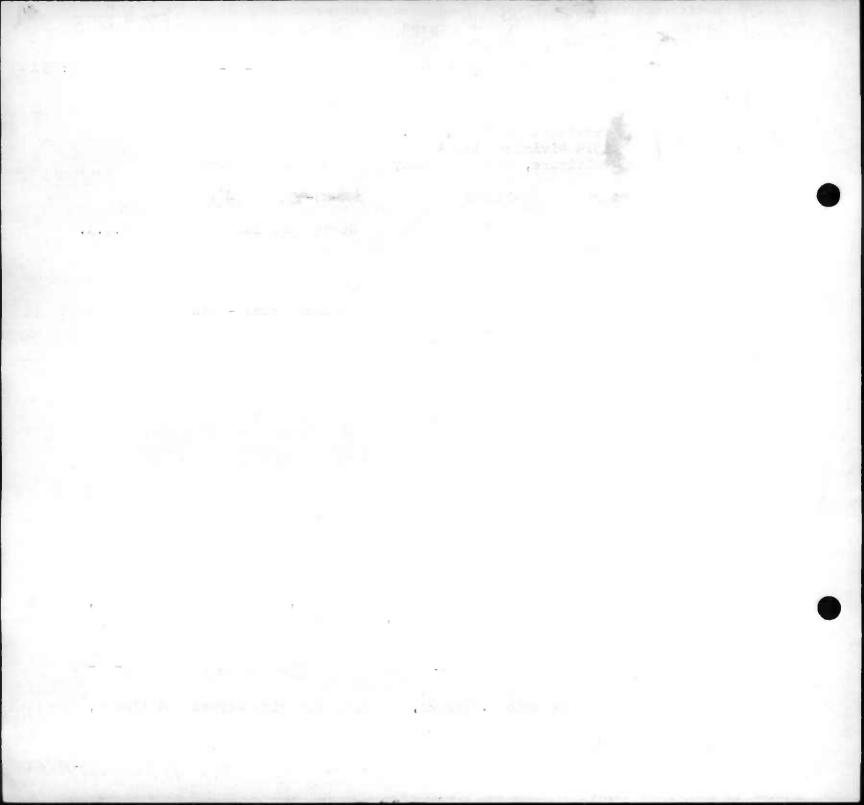


pe or Print)	DECEASED	11 . 1			AND HOUR OF DEATH	
		Kuciauskas				67 12:10 P.
FULL NAM HOSPITAL INSTITUTIO	OR oddress or location	ar institution, give street		c. CITY OR TOWN (IF Baltimore	אוע	RURAL and give township)
00	Saltimore, P	ia 21230		XXXXXXXX 1	953 Griffis	ave
sex Female		7. MARRIED, NEVER MAR WIDOWED, DIVORCED Married	(specify)	B. DATE OF BIRTH July 1,1901	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Manths Days Hours Min.
	CCUPATION (Give kind of work at at working lite, even if retired) Home	10B. KIND OF BUSINESS O Home	R INDUSTRY	11. BIRTHPLACE (State or for Lithuania	areign country)	12. CITIZEN OF WHAT COUNTRY?
FATHERS	NAME			14. MOTHERS MAIDEN N	AME	- No. 12
	Onufry Stepaniul					
	osed Ever in U. S. Armed For own) (If yes, give war ar date		V NICE	17. INFORMANT Igoris Kuciausk	as 2008 Gris	ADDRESS
	EASE OR CONDITION DIR		(A)	Terminume fortes	of Ca	ONSET AND DEATH
DISEASE rise to UNDERL OTHER S TO THE DISEASE	WAS PERI	the discose, death.)  any, giving stating the  ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPER.	(B) DUE TO  (C) ATION	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WERI	E FINDINGS CONSIDERED
DISEASE rise to UNDERL  OTHER S TO THE DISEASE 19A. DATE  21A. ACCO OR CONT DEATH (r	ure, ashenia, etc. It meons complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) (ING CONDITION lost.	the discose, death.)  any, giving stating the ONTRIBUTING LIED TO THE T.  DITION FOR WHICH OPER. ORMED	(B) DUE TO (C) ATION NJURY (e.g., in	liver.	No) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED
DISEASE rise to UNDERL  OTHER S TO THI DISEASE 19A. DATI  21A. ACC OR CONT	ure, aslhenia, etc. It meons complication which caused ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A) (ING CONDITION lost.)  [GNIFICANT CONDITIONS CEDEATH BUT NOT RELADOR CONDITION CAUSING IS OF OPERATION 198. CONWAS PERIOR CAUSE OF CONTINUE CAUSE OF CAU	the discose, death.)  any, giving stating the ( ONTRIBUTING TED TO THE T.  DITION FOR WHICH OPER.  21B. PLACE OF II hame, form, facts	(B) DUE TO  (C) ATION  NJURY (e.g., in ary, street, of	20A. AUTOPSY? (Yes or nor about 21C. WHERE DID ffice bidg., INJURY OCCUR?	No. 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED .AUSES OF DEATH?
DISEASE rise to UNDERL  OTHER S TO THIS DISEASE 19A-DATI  21A-ACC OR CONT DEATH (r  21D. TIMI OF INJUR (APPROX.)	ure, ashenia, etc. It meons complication which caused ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A) (ING CONDITION lost.	the discose, death.)  any, giving stating the (CONTRIBUTING STEED TO THE	ATION  NJURY (e.g., in finally, street, offi	20A. AUTOPSY? (Yes or nor about 21C. WHERE DID INJURY OCCUR?	No) 20B. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)
DISEASE rise to UNDERL  OTHER S TO THE DISEASE 19A. DATE 21A. ACCOR CONTINUE (APPROX.) 22. I certhat (I) (and haus	ure, aslhenia, etc. It meons complication which caused ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A) (ING CONDITION last.  I GNIFICANT CONDITIONS CEDEATH BUT NOT RELADED CONDITION CAUSING ISTORY CONDITION CAUSING ISTORY CAUSE OF CONDITION CAUSE OF CONTINUE CONDITION CAUSE OF CONTINUE CONTINUE CAUSE OF CONTINUE	the disease, death.)  any, giving stating the   ONTRIBUTING STEED TO THE T	ATION  NJURY (e.g., in any, street, off At Work At Wor	20A. AUTOPSY? (Yes or n or obout 21C. WHERE DID RECEIVED BY 19 19 19 19 19 19 19 19 19 19 19 19 19	No. 20B, IF YES, WERING COMMENTAL IN CERTIFYING COMMENTS OF COUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  are City, give exact lacation)  Wood 17 19 6 7
DISEASE rise to UNDERL  OTHER S TO THI DISEASE 19A. DATI OF INJUR (APPROX.)  22. I cer that (I) (	UTE, ashenia, etc. It meons complication which caused ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A) (ING CONDITION lost.	the disease, death.)  any, giving stating the   ONTRIBUTING STED TO THE T.  DITION FOR WHICH OPER. ORMED  21 B. PLACE OF II hame, form, factor etc  (Hour) 21 E. INJURY OC. While At Work  ) attended the deceased did alive an	(B) DUE TO  (C)  ATION  NJURY (e.g., in ary, street, of the control of the contro	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID Iffice bidg., INJURY OCCUR?  21F. HOW DID I e	No. 20B, IF YES, WERING COMMENTAL IN CERTIFYING COMMENTS OF COUR?	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact locotion)
DISEASE rise to UNDERL  OTHER S TO THE DISEASE 19A. DATE DISEASE 19A. DATE DEATH (r) 21A. ACC OR CONT DEATH (r) 22A. SIGN  23C. PHYS NAM	UTE, ashenia, etc. It meons complication which caused ANTECEDENT CAUSES SOR CONDITIONS, if the above cause (A) (ING CONDITION lost.	the disease, death.)  any, giving stating the  ONTRIBUTING STEED TO THE T	ATION  NJURY (e.g., in only, street, off off only, street, off off only, off	20A. AUTOPSY? (Yes or nor about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID I e	Not 208, IF YES, WERIN CERTIFYING C  (If in Baltime NJURY OCCUR?  19 1 ta	E FINDINGS CONSIDERED AUSES OF DEATH?  are City, give exact location)  Wood 1967  pinian death occurred an the continuation of



chief medical ey a medical ey a medical ey Body burns; (3) the physician was in	red by the hospital by nature; (2) ept where	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and othe body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	red by the chief medical e hospital by a medical e nature; (2) Body burns; (3) ept where the physician d (6) No physician was in	ECTOR: IMPORTANT	xaminer or his assistant i xaminer. Also, if the dire Afracture of any kind; (4)	who pronounced death regular attendance on t

	67 10	1798 BALTIMORE CITY	Y HEALTH DEPARTMENT	CM 40m00
	TH NO. E. CASE NO. CASE NO.	CERTIFICA	TE OF DEATH Registered N	.67 10798
1.1	TAME OF DECEASED	erey NAKA	2. DATE AND HOUR OF DEAT	8:55 A M
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. II	f institution: residence before admission)
	FULL NAME OF (If not in hospital HOSPITAL OR oddress or focotion INSTITUTION	or institution, grve street n)	Maryland C. CITY OR TOWN (If outside city limits, with	te RURAL and give township)
	Provider	nt Hospital, Inc.	Baltimore D. STREET ADDRESS (If rurol, give locotion)	
_		e, Maryland 21217	2439 Callow Avenue	
5. :	Female Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH  9. AGE (In years lost bighday)  12,14,13  5.3	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work the during most of working life, even if retired)	Lasmestic	North Carolina	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME	in	14. MOTHER'S MAIDEN NAME	
15. (Ye	Was Deceased Ever in U. S. Armed For s, no or unknown) (Iff yes, give wor or dote	security No.	17. INFORMANT 3 Callo	Was ADDRESS
-	18. ( ) ( )	CAUSE O	Wallace Price - Son	SAME INTERVAL BETWEEN
	DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITION DISEASES OR CONDITIONS, if rise to the obave cause (A)	any, giving	yosavdial Sufuct. vsivre, Autre-Gept d	ONSET AND DEATH
ICATION		ATED TO THE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED
ERTIFIC	O WAS PER	FORMED	No IN CERTIFYING	CAUSES OF DEATH?
CAL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		note City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED  While At Work  At Work	21 F. HOW DID INJURY OCCUR?	
	that (I) (we) last saw the deceose and have and from the causes stat	l) attended the deceased from	ovember 10, 1967 to No	apinlon deoth accurred on the dote
	23A. SIGNATURE  REGOLIO  23C. PHYSICIAN'S NAME (Type)	5. Pengeo M.D. Att	ending Med. Stoff Phys. 23 D. ADDRESS	238. DATE SIGNED 11-13-67
	Grea	gorio S. Tengco, M.D.	1514 Division Street	Baltimore, Maryland
254	BURIAL CREMATION, 248. DATE REMOVAL (Specify)  OU. ((1967 NOV.19)  DATE REC'D BY HEALTH DEPT.  NOV 13 1967	24C. NAME OF CEMETERY OF CR 25B. NAME OF REGISTRAR Robert E. Forsey MA		(City, town, or county) (State)  www. ADDRESS & AP WE BRET 18 OF



67 10799 BALTIMORE CITY HEALTH DEPARTMENT

		EACHT DEI ARTMEITT			
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered N

MEDICAL EXAMINER	S'S CERTIFICATE OF DEATH Registered No. 67 10799
.E. CASE NO. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
ype or Print)	
WALTER ROSLAN PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	November 9, 1967   2:10 p.m.
	A. STATE B. COUNTY
ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR DSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
STITUTION	P-1+1 52 A
City Hognital	D. STREET ADDRESS (If rurol, give location)
City Hospital	6947 Bank Street
SEX 6. RACE 7. MARRIED, NEVER MARRIES	D B. DATE OF BIRTH 19. AGE (In years 1 If Under 1 Yr. II Under 24 Hrs
WIDOWED, DIVORCED (specif	fy)   / - 10 - 10 11   lost birthdoy   Months, Doys   Hours   Min.
Male White USUAL OCCUPATION (Give kind of work 08, KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF
e during most of working life, even il retired)	WHAT COUNTRY?
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lacardi Parinal	14. MOTHER'S MAIDEN NAME
JUSEPH MUSLAN	17. INFORMANT ADDRESS
WAS DECEASED EVER IN U.S. ARMED FORCES?  s, no or unknown), (If yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO	
ES WWI 215-09-6	300 MARION ROSLANG947 BANK ST.
18. 44 0 0 0 .	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	Arteriosclerotic Heart Disease
(This does not mean the mode of dying e.g., heat lailure, asthenia, etc. II means the disease, injury or complication which caused death.)	0
injury or complication which coused death.)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
DISEASE OR CONDITION CAUSING IT.	ronic Pulmonary Emphysema
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS  21B. PLACE OF INJU UNDERLYING □ OR CONTRIB-  home, form, foctory,	RY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) street, office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	Sheet, office Biog., INJURY OCCUR:
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCC	CURRED 21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT	NOT WHILE
m. WORK	AT WORK
I certify that I held on Inquiry Inspection	Autopsy X ond that on this basis, death in my opinian
resulted from: Notural couses X Accident	Suicide Homicide Undetermined monner
01.0 - 1	CHIEF MEDICAL EXAMINER
ACTUAL ( Ment )	Mad. ASSISTANT MEDICAL EXAMINER X
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) S Charles S. Springar	
A, BURIAL CREMATION, 200 DATE 23C. NAME of CEN	METERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
MOVAL (Specily) 11-13-17 4014 RO	CAPVIYEM DUNDAUS MARONIANA
A. DATE REC'D BY HEALTH DEPT. 248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	ADDRESS .
151-PEV 1/165 NOV 13 1967 R.C. & E. Fa	WHEN JOHN M. WEBER + SONS INC 4015. CHESTER S
151-REV. 1/1/65 NOV 13 1301 ULGG	
	1 1 1 1 1 1 1

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BIRTH NO.	67	10800		TE OF DEAT		67 10800
M.E. CASE NO.	CLACED				TE AND HOUR OF DEATH	
(Type or Print)	CEASED		-1 -1			
JANOL	EATH IN BALTIMORE, MA	RYLAND	EdWARd	4. USUAL RESIDENCE A. STATE B.	11-13-67 E (Where deceosed lived, If in	nstitution: residence before admission)
FULL NAME	OF (If not in haspital	or institution, ary	e street	MARYLA	NO	
HOSPITAL OF				C. CITY OR TOWN		RURAL and give township)
INSTITUTION				BALTIN	MORE 1	(Marion) Q
RL CHU	LIZCH HOME !	HOSPITA	1 L	D. STREET ADDRESS		720
1				523 5	CHAPEL S	T
5. SEX	6. RACE	7. MARRIED, N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
		WIDOWED,	DIVORCED (specify)		last birthday)	Manths Days Haurs Min.
MALE	WHITE		rried	APRIL T, 19	, , ,	In Contract Co
	CUPATION (Give kind of wark of working life, even if retired)	108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State	ar fareign cauntry)	12, CITIZEN OF WHAT COUNTRY?
Carpente				MARYO	AND	U.S.A.
13. FATHER'S NA	AME			14. MOTHER'S MAIDE	EN NAME	
	ed Ever in U.S. Armed For		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				BARBARA	SANOWITZ	523 S. CHAPEL SY
Yes	June 19, 19	uz war 4	217-09-5943		VARONITO	INTERVAL BETWEEN
18.33	1 X V 581	led .	CAUSE O	F DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	prob.			-
	LEADING TO DEATH	0.10		ZEBRO - VASCU	LAR ACCIDEN	
	nol mean the mode of e, osthenio, etc. It means		DUE TO			
	omplication which caused					
	ANTECEDENT CAUSES		(B)		***************************************	**************************************
DISEASES	OR CONDITIONS, if	any giving	001 10			
	the obove couse (A)		(C)			
UNDERLYI	NG CONDITION lost.		BARRAGA AA WAA WA			
	П					
O OTHER SIG	NIFICANT CONDITIONS C					
	R CONDITION CAUSING		LAENNEC	S CIPRHO	osis	
U 19A. DATE			HICH OPERATION	20A. AUTOPSY? (Ye	s or Na) 20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE	WAS PER	FORMED		no	IN CEXILITING CA	OSES OF DEATH:
U 21A. ACCID	BUTING CAUSE OF	21 B, P	LACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (If in Boltimo	re City, give exoct location)
DEATH (not	BUTING CAUSE OF	home,	form, factory, street, o	Hice bidg., INJURT OCC	CO R?	
U				015 11011		
OF INJURY	(Month) (Doy) (Year)		NJURY OCCURRED		DID INJURY OCCUR?	
(APPROX)		While	At Work			
22, 1 carti	fy that (1) (this hospita	I) ottended the	deceased from Mo	OV. 13 8:65	-: AM19 67 to NO	OV. 13 3:55 Atno 67.
			nov- 18	1 1		inion deoth occurred on the dote
thot (I) (w	e) lost sow the decease	ed olive on			ond that in (my) (our) op	inion deorn occurred on the dote
ond hour o	and from the couses sto	ted obove. (I)	(We) (did) (did not)	view the body ofter o	death.	
23A. SIGNA					,	23B. DATE SIGNED
0	orarox 2. V	CRARKE	M.D. Att	ending Med.	Stoff Phys.	11-13-67
23C. PHYSIC	2441	- Jooli	1 117	23D. ADDRESS	,	
NAME	(Type)	7 1/50	C1 D1	exurcix	HOME & HOS	PITAL
	CORAZON	Z. YERE	SARA M.D.	100 N. E	BROAD WAY	BALT. MD.
24A. BURIAL C	REMATION, 24B. DATE	24C. NAA	AE of CEMETERY OF CR	EMATORY	24D. LOCATION	City, tawn, a caunty) (Stote)
Burial		1967	Baltimore, N	[etdone]	Baltimore, M	hae I was
25A. DATE REC	the state of the s	25B, NAME OF		25C. FUNERAL DI		ADDRESS
	NOV-1 3 1967		E. Fallerma	. In the second		
Nov 13	, 1907-0 1001	1 Coloredo	C, VOLUCEUMA	TITTA & 2	Leiler inc. 19	Ol Eastern Avenue
VS 150-REV. 1/	1/65	1 43 5	7 (t 10 10 1	13 13 15	1 1	

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E. H. H. L. W. L.

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he body

was D.O.A deceased | written ap

VS 150-REV. 1/1/65

of death

cause; (5) Deceased

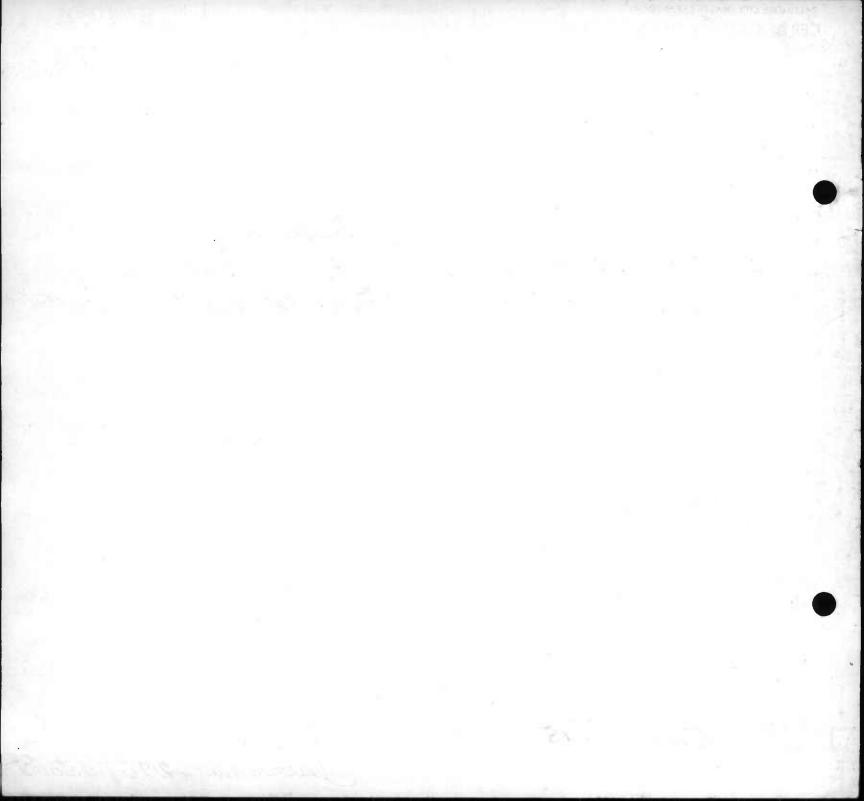
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CATHERINE 10 NOV 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) MD (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddiess or location) (If outside city limits, write INSTITUTION Lutheran hospital. Baltimore 730 Ashburton St. D. STREET ADDRESS 646. N. Fulton Baltimore 21216 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. Hours : Min. WIDOWED. DIVORCED (specify) lost birthdoy) Female COIDUY e -4-06 seperated 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) (). E. A WOYK Home 13. FATHERS NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., clays hearl failure, asthenio, etc. It means the disease, injury at complication which coused death.) ANTECEDENT CAUSES DUE TO Hypertension DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 2 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [ (APPROX.) Work At Work 22. I certify that (this hospital) ottended the deceased from 10 - 30 - 1967 - 10 - 19 6 11 - 10 -19 67 that ( (we) lost sow the deceased alive on .... ond that in (my) (our) opinion death occurred on the date

and hour and from the causes stoted obove. (b) (We) (did) (did not) view the bady ofter deoth. 23A, SIGNATURE 238, DATE SIGNED Attending M.D. Med. Stoff Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) A. DESAL hospital. Lutheran 24A. BURIAL CREMATION. 24D. LOCATION (City, town, or county)

25B. NAME OF



IMPORTANT

FUNERAL DIRECTOR:

67 10803 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regristered No. 67 10803

M.E. CASE NO.			
Type or Print)	DIE CDOCC	2. DATE AND HOUR PRONOUNCED DEA	/ 05 7
PLACE IN BALTIMORE, MARYLAND, V	RIE GROSS	November 9, 1967	4:05 P. M.
TULL NAME OF (IF NOT IN HOSPI HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL	3 alto. Co.
NSTITUTION		Baltimore	53-00
7	(70.1)	D. STREET ADDRESS (If rurol, give location)	
Qq Lutheran Hospital	(DOA)	309 E. Pennsylvania Aver	nue
Female Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		der 1 Yr. If Under 24 Hrs. s Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of wo during most of working life, even if retired)	RT FAM. LY		IZEN OF
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
DENNIS GRO		ISABELLE GROSS	
S. WAS DECEASED EVER IN U.S. ARME (es, no or unknown) (If yes, give wor or do		A. Louis D. Gross 309 E.	PENNA. AUS
1B	00/0/0	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION D	NECTIV		ONSET AND DEATH
LEADING TO DEAT	H Mul	tiple traumatic injuries	R Tree This little
(This does not meon the mode of heart failure, asthenia, etc. It mean	of dying, e.g., DUE TO	00000	
injury or complication which coused	deoth.)		
ANTECEDENT · CAUS			
DISEASES OR CONDITIONS, IF	ANY, GIVING DUE TO		
UNDERLYING CONDITION LAST	(C)		
	107		• • • • • • • • • • • • • • • • • • • •
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R	ELATED TO THE		
	NDITION FOR WHICH OPERATION REFORMED	Yes  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	CON SIDERED DEATH?
C 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) street	office bldg., North Ave. and Monroe St	
21D TIME (Month) (Doy) (Ye	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	50 P. WHILE AT NOT AT V	WHILE Pedestrian struck by tank	k-trunk /5-04
22. I certify that I held an		utopsy X and that an this bosis, deoth in my apini	on
resulted from: Natural c	Ouses Accident X Suicio	de Homicide Undetermined monner	
ACTIVAL COL	111751	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE CLAN		ASSISTANT MEDICAL EXAMINER X	DATE STORES
EXAMINER'S Charl	es S. Springate, M.D	ASSOCIATE MEDICAL EXAMINER November	per 10, 1967
NAME (Type)  BA, BURIAL CREMATION, 23B, DATE	DOC MARKE A CENTERRY	CREATON 22D LOCATION 102	(State)
EMOVAL (Specify)	23C. NAME OF CEMETERY	0 -	r county) (Stote)
QURIAL 11/14	1190/ PIGASANT	1000 Towson my	
4A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
WOV 1 3 1067 /	DO BUG FORM	marchen Pllans 138N6	iemm st

Jan 277 6 20 Driver Charach Tenner Come 30/6/4 Carles I. Sections, c.I. accir-Word Plans or the Trainer Jamber Phys Litalian Com

the body was released shows: (1) eceased was D.O. decease 25A. DATE REC'D BY HEALTH 25C. FUNERAL DIRECTOR Danbour PHayes 638 N G.c mon St

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

VS 150-REV. 1/1/65

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

(Type of Print)

Such

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If Under 1 Yr. Months: Doys

12. CITIZEN OF

23 B. DATE SIGNED

(City, town, or county)

WHAT COUNTRY?

If Under 24 His.

Hours

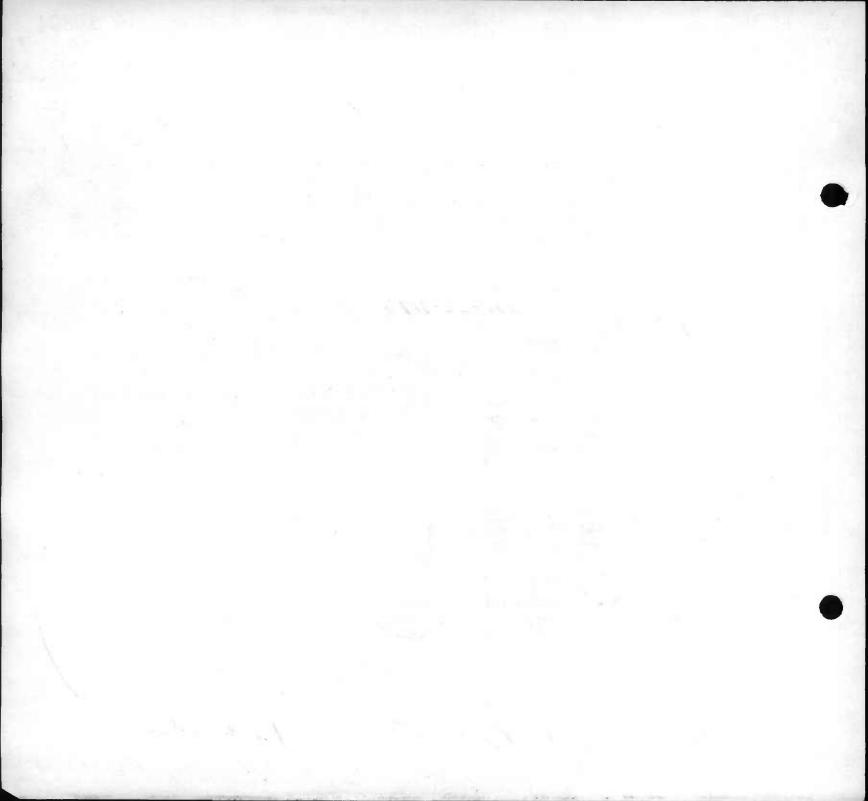
INTERVAL BETWEEN

ONSET AND DEATH

Registered Na.

10804 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

BALTIMORE CITY HEALTH DEPARTMENT



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FUNERAL DIRECTOR: IMPORTANT	ine act act pr pr
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

67 10805 BALTIMOR	RE CITY HEALTH DEPARTMENT	07 10000
RTH NO. CERTIF	FICATE OF DEATH Registered No.	
A.E. CASE NO.	DATE AND HOUR OF DEATH	^
SARA SAMUE	11/13/67	2 4 M
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	Marilant	
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RU)	(AL one give township)
	. Baltimore	2
NORTH CHARLES GENERA	D. STREET ADDRESS (If rural, give location)	1980
HOSPITAL	2595 Cutari Place	
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe		If Under 1 Yr. If Under 24 Hrs.
DA, USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
houring most of working tife, even if retired)	Maculand	115A
B. FATHERS NAME	14. MOTHERS MAIDEN NAME	
Mano Swartz	Dena Saks	
i. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
'es, no or unknown) (If yes, give war or dates of service)  SECURITY NO	chart	
118. CA	AUSE OF DEATH	INTERVAL BETWEEN
~/ (~() X		ONSET AND DEATH
LEADING TO DEATH	ARTERIOSCLEROTIC HEART DIS.	
(This does not meen the mode of dying, e.g., DUE heart foilure, asthenio, etc. It means the disease,	TO	88 <b>1</b> 4 88 88 88 88 88 88 88 88 88 88 88 88 88
injury ar complication which coused death.)	Danses HELLITUS	
ANTECEDENT CAUSES  (B)	TO	
DISEASES OR CONDITIONS, if ony, giving	DIMBETES MELLITUS  RECURLIENT PHLMONERY EUROCI	
rise to the obove couse (A) stoling the (C) / UNDERLYING CONDITION lost.		
II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATIO WAS PERFORMED	N 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUI	RY (e.g., in or about 21 C. WHERE DID (Iff in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, setc.)	street, office bldg., INJURY OCCUR?	ily, give exact recalled
Description exclinion	RED 21F. HOW DID INJURY OCCUR?	
OF INJURY	Not While	
(APPROX.)	At Work	
22. I certify that (1) (this haspital) attended the deceased fra	m 11-12 1967 to	11-13 1961
that (I) (we) lost sow the deceased alive on	13 19 62 ond that in (my) (our) opinion	on deoth occurred on the do
and hour and fram the couses stated above. (1) (We) (did) (did	d not) view the bady ofter deoth.	
23A. SIGNATURE	2	3B, DATE SIGNED
Robert Kinteroff M	.D. Attending Med. Staff Phys. Director Phys.	
23C.PHYSICIAN'S	23D. ADDRESS	
NAME (Type)	M.D. 6210 Park Heights ac	e .
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	00.10	town, or county) (Stote)
Burial 11/14/67 Har Sinat		
5A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	00 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
101101101010	Wm. Cook-Brooks, Inc. 121	., Dr. Idai pr.
/\$ 150-REV. 1/1/6\$		

## MEDICAL EXAMINED'S CEPTIFICATE OF DEATH Registered No

BIRTH	H NO.		MEDI	CALE	AMIINER 3 CI	EKITFIC	AIE OF L	EAIL Kedis	ered No		
M.E.	CASE NO.										
1. NAME OF DECEASED  (Type or Print) FRANCIS M. COLE				November 4, 1967   1:10 AM							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL A. STATE	RESIDENCE (Where	deceased lived. If in B. CC	stitution: resi	dence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			c. CITY O	Maryland			altimore				
11431	TOTION	1425 St	romey	er way			Baltimore		160	26	
	00						Stromeyer				
5. SE	X	6. RACE			NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years		r 1 Yr. If Under 24 Hrs. Doys   Hours   Min.	
1	Male	White	2	MIDO WED,	Known	Ulma	lanown	69 ?		2073	
10A.	USUAL OCC	UPATION (Give		TOB KIND O	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or foreign		12. CITIZ WHA	EN OF	
	R. Roa	d Ma	n	Kail	road	1/1	Muour		U	, S. A.	
13. F	ATHER'S NAM	ME /				14. MOTHE	S MAIDEN NAME				
15 14	AS DECEAS	ED EVER IN U.	own	FORCES	16. SOCIAL	17. INFORM	Known		ADDRES		
		(If yes, give			SECURITY NO.	T. IIII OKIVI	nist.	1	A D D RES	wa wa	
	Unk	Suow	n		215-07-9200	Mr	S. DOLOT	Ly Perkin	5 146	35 Strolomey	
1	B. 420	3/1			CAUSE	OF DEATH		/		ONSET AND DEATH	
	DISEA	SE OR CONE	ITION DI	RECTLY							
	(This does	LEADING T			(A) Arteri	oscler	otic Cardio	vascular l	)isease		
	heart failure	not meon the e, osthenio, etc. implication which	It meons	the discose, deoth,)	DOE 10						
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO										
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.										
Z					(C)						
CERTIFICATION		li .									
0	TO THE	DEATH BUT	NOT REI	ATED TO							
RT	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION					120A. AU	OPSY? (Yes or No)	20R IF YES WERE	FINDINGS (	ONSIDERED	
CE		WAS PERFORMED				20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
Y	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in					in or obout 2	1C. WHERE DID	If in Boltimore City,	give exoct I	ocotion)	
		OR CONTRIB		home etc.)	e, form, foctory, street, o	thice bldg., II	NJURY OCCUR?				
	21D TIME	(Month) (D	oy) (Yeor	) (Hour) 2	TE. INJURY OCCURRED	2	IF, HOW DID INJU	RY OCCUR?			
	OF INJURY (APPROX.)  WHILE AT NOT WHILE AT WORK  AT WORK										
	22.  I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion										
	resulted from: Natural causes X Accident Sulcide Homicide Undetermined monner										
	C 1 CHIEF MEDICAL EXAMINER										
	SIGNAT		how	KJ	Jack M.D.	ASSISTA	T MEDICAL EX	AMINER	Nove	ember 4, 1967	
	EXAMI		m100	Comd			TE MEDICAL EX				
	NAME (	(Type)			ngate, M.D.						
	BURIAL CRI		B. DATE	23	C. NAME OF CEMETERY O	CREMATO	23D. Lo	CATION (Ci	ty, town, or	county) (Stote)	
	But		1-14-	1967	Prospect +	4,11 0	Em. 10	wson,	Md.		
24A.		BY HEALTH	DEPT.	24B. NAME	OF REGISTRAR		UNERAL DIRECTOR	oks Til	11-11-11	ADDRESS	
			100=		0 7.0	Wh	17 S+ D.	IL ST	2-14	Md. 21202	
VS	151_PEV_1/1	10 1 3	196/	T. Carlo	E Tayley To	1/2	11 21.19	ul DI, J	Jally	1101.21202	

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Markey I. Horston a resident

APORTANT
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RECTOR:
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FUNER!

Registered Na. CERTIFICATE OF DEATH BIRTH NO. irect or contributing cause of death (4) Undetermined cause; (5) Deceased and M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss A. STATE

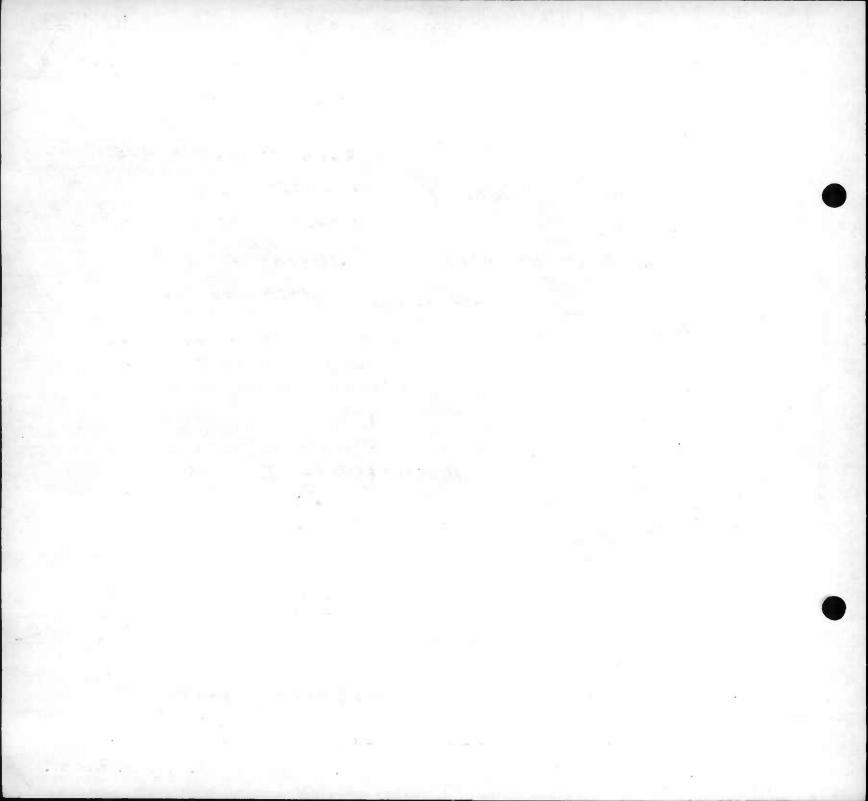
B. COUNTY 0 Wright, Mary E.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND hospital death. attendance (If not in hospital or institution, give street Maryland c. city or town FULL NAME OF HOSPITAL OR oddress or tocotion) (If outside city limits, write RUB ond give towns! INSTITUTION Ξ. prior (If rurol, give location) Bolton Hill Nursing & Convelescent Ctr. T Calvert St. in regular is mad If Under 24 Hrs. Hours : Min. 7. MARRIED, NEVER MARRIED II Under 1 Yr. 5. SEX 6. RACE deceased lost birthdoy) Months Doys Hours WIDOWED, DIVORCED (specify) 9/6/80 97
11. BIRTHPLACE (State or foreign country) White Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) U.S.A. Baltimore, Maryland Was the 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME the direct Frank Stevens
15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) Kathryn Onley assistant death 0 kind; ADDRESS 6. SOCIAL SECURITY NO. attendance Nursing Home Records No the body was released to the hospital by a medical examiner. Also, if shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 0.0 ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY mbalmed Arteriosclerotic Heart Disease LEADING TO DEATH 20 years DUE TO (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It meons the disease, examiner regular injury or camplication which caused death.) ANTECEDENT CAUSES who DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the = physician UNDERLYING CONDITION last. remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE None cian DISEASE OR CONDITION CAUSING IT. by the chief 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where °N DEATH (notily medical examiner) MEDIC 21 D. TIME 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 9 OF INJURY approved (except While At Not White I (APPROX.) 7/11/66 22. I certify that (I) (Mas haspital) attended the deceased from...... .... that (I) (we) last saw the deceased alive an 10/23/67_____19_____and that in(my) (again apinian death accurred an the date hospital eath) must and have and from the causes stated above. (1) (NEXCEQ) (did not) view the body after death. 23 B. DATE SIGNED 23A. SIGNATURE must T Attending X 11/9/67 Med. Med. Director 10 Phys. approval 0 23C-PHYSICIAN'S NAME (Type) 23D. ADDRESS prior certificate at Baltimore 2, Md. Stanley M.D. 222 E. Baltimore St. Felsenberg was D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)
Barial 11/1 deceased written ap 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 11/11/67 New Cathedral Cemetery Baltimore, Maryland shows: 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks Inc. Balto. Md. 21202 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

11	1_0		2	1	1
H	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct of contributing cause of deane shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	death occurre	Undetermined	as in regular	e deceased p	osition is made
MPORTANT	his assistant if	of any kind; (4)	unced death w	tendance on th	ed or final dispo
FUNERAL DIRECTOR: IMPORTANT	al examiner or	(3) A fracture	an who prono	in regular at	ns are embalme
FUNERAL D	he chief medic	(2) Body burns;	re the physici	physician was	fore the remain
	approved by t	of any nature;	al (except whe	h); and (6) No	be obtained be
	certificate must be	boay was released ws: (1) An accident of	D.O.A. at a hospite	eased prior to deat	written approval must be obtained before the remains are embalmed or final disposition is made.
	This	sho	Was	dec	×

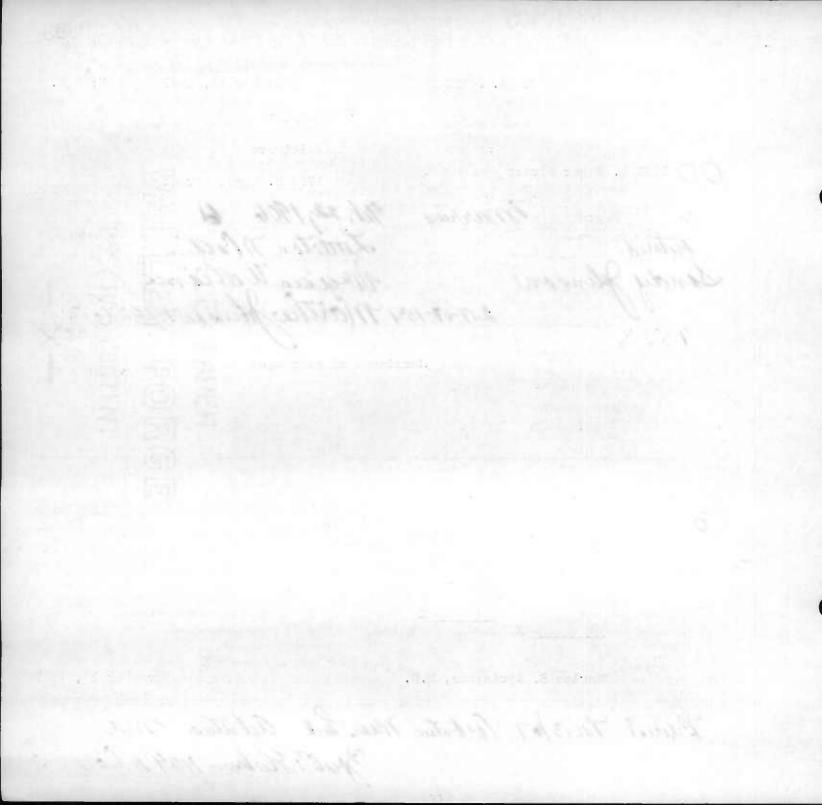
	Cr	1080	BALTIMORE CITY	HEALTH DEPARTMEN		017 40000
BIRTH NO.	0 6	TUDE	CERTIFICA	TE OF DEAT	H Registered No	6/ 10808
M.E. CASE NO.	CEASED		CERTITION		E AND HOUR OF DEATH	
(Type or Print)	CY ELMA		ELL	11,	112/67	13:40 P. M
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		A. STATE B. C		titution: residence before admission)
FULL NAME		or institution,	give street	MD.	BALTO.	
HOSPITAL OF					If outside city limits, write F.	JRAL and give towns()p)
TRAN	KKIM SQU	LARE	605PITAL	BALT		
31	M. M				(If rurol, give location)	AUE.
36						AVE.
5. SEX	6. RACE	WIDOWED	NEVER MARRIED  D, DIVORCED (specify)  ARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			BUSINESS OR INDUSTRY			12, CITIZEN OF
WAI	of working life, even if retired) TRESI				CHROLINA	WHAT COUNTRY?
13. FATHER'S NA		145.01	CE / /	14. MOTHER'S MAIDEN		DICKEL AMX
ART	HUR W.	ITEIY	565	JULIA	NNE STR	TER CHANG
5. Was Decease	ed Ever in U. S. Armed Fo	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
No	vn) (If yes, give wor or dot	es of selvice)	SECURITY NO. 238- 32-499.	Hos	PITAL CH	GART
1B. / 2	, V		CAUSE O			INTERVAL BETWEEN
Hd	O A CONSTRON D	DECEL V			-50-	
Dize	ASE OR CONDITION DE LEADING TO DEATH	RECILY	AT	RIAL FLU	MILER AND	1 week
(This does	not mean the mode of	dying, e.g.,	DUE TO	00001111	ARREST	
	e, osthenia, etc. Il meons omplication which coused			CARDING	771212	
injury or co	ANTECEDENT CAUSES		(B) CO	ROWARY AT	RTERY DISTAN	E
			DUE TO	3 a +	100 00 m m i/m 0/m m m m m m m m m m m m m m m m m m	
	OR CONDITIONS, if the above couse (A)		(C)			
	NG CONDITION last.	oraning into	(0)			
	11					
E TO THE	NIFICANT CONDITIONS	ATED TO TH	G HEPATUM	EGALY- E	T WALKNOW	y
U 19A. DATE O	R CONDITION CAUSING		WHICH OPERATION	20 A. AUTOPSY2 (Yes	or Nol 208, IF YES. WERE FI	NDINGS CONSIDERED
19A. DATE C	WAS PER	FORMED		NO	or No. 208, IF YES, WERE FI	SES OF DEATH?
U ZIA. ACCID	ENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE D	ID (If in Baltimore	City, give exoct locotion)
OR CONTRI	BUTING CAUSE OF ify medical examiner	hom etc.	e, lorm, foctory, street, of	fice bldg., INJURY OCCU	R?	
O 21 D. TIME				015 110 110		
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED		NJURY OCCUR?	
(APPROX.)		Wo	ile At Not While			/ /
22. I certif	y that (1) (this haspita	I) attended t	he deceased fram	10/28/67	19 to ///	1/2/67 19
				19 3.40 PM	nd that in (my) (our) anini	ion death occurred on the dat
						e de direction de contra direction de do
		ted obove. (I	) (We) (did) (did not) v	iew the body ofter de		
23A. 8[GNA]	im a Q			adian — Adad a		23B. DATE SIGNED
	The state of the s		M.D. Atte	nding Med. Director	Stoff Phys.	11-12-67
23C. PHYSIC NAME	(Tunn)			3D. ADDRESS	1 2 100	- the Out of
F	MACARA	EG	M.D.	FRANKL	IN SQUARE	HOSPITAL
24A. BURIAL CI	REMATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	MATORY 24	D. LOCATION (City	, town, or county) (Stote)
REMOVAL	(Specify)			Circle 1		
Burial	11/16/6	7 Pro	spect Hill Cer		Baltimore,Count	
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
NO	V 1 3 1967 (R.	Bee to E	Jakeu MA	Wm. Cook-B	rooks, Inc. 121	7 St. Paul St.
VS 150-REV. 1/1	/65					



BIRTH NO.

## 67 10809 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10809

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) SANDY A. JOHNSON	November 10, 1967 2:10 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission) A. STATE B. COUNTY
	A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
NASHION .	Baltimore
1732 E. Eager Street	D. STREET ADDRESS (If rural, give facation)
OO 1732 H. Bager Bereet	1732 E. Eager Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WAED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days : Hours , Min.
Male Negro Makkued	901, 22, 1906 lest
10A. USUAL OCCUPATION (Give kind of work OB. KIND OF BUSINESS OR INDUSTR	
dane during most of warking life, even if retired)	Littletan Dalle WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sendel Stenson	Alleria Illillians
15. WAS DECEASED EVERIN U.S. ARMED FORCES? 16. SOCIAL	17: INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	Maith of Mars & C
	11/www. / / / Jac ( carge St
18. 150 X I CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Comp.	
(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	inoma of esophagus
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	
ANTEGRATAL	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION WAS PERFORMED  (C)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
✓ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Baltimare City, give exact location)
UNDERLYING OR CONTRIB-	affice bldg., INJURY OCCUR?
21D TIME (Manth) (Day) (Year) (Haut) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT - NOT	WHILE
I certify that I held an Inquiry Inspection X Au	and that an this basis, death In my apinlon
resulted fram: Natural causes X Accident Sulcio	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTIVAL ( )	ASSISTANT MEDICAL EXAMINER X
011 0 0	
NAME (Type)	ASSOCIATE MEDICAL EXAMINER November 10, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 23D. LOCATION (City, town, or county) (State)
Military May 12 1/2 / linkiting	Men tail abition me
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NUV 23 1367 Rept E. Falleyra	The P. Co. h. unasil.
	Jours, Hickery 1/29 11, Caroling
VS 151-REV. 1/1/65	



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. pital and of death Deceased the M.E. CASE NO. 1. NAME OF DECEASED (KALEB) LEVINE 2. DATE AND HOUR PI DIATHS :30 (Type or Print) no death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance A. STATE B. COUNTY contributing cause letermined cause; (5) MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits write RURAL and give township) attend 0 BALTIMORE CITY HOSPITALS BALT IMORE 4940 EASTERN AVENUE prior D. STREET ADDRESS (If rurol, give location) BALTIMORE, MARYLAND 21224 439 N. PATTERSON PARK 21224 regular 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. 8. DATE OF BIRTH If Under 24 Hrs. deceased Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy 3-5-1903 WIDOWED disposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) Und JANITARIAL S. CAROLINA U. S. A Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 ALFRED LEVINE HANNAH PINKNEY death HO 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 1 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 1-03-5361 RECORDS:BCH -4940 EASTERN AVENUE-BALTO. .MD. attendance any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed of NEUMONIA LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, ular injury or complication which caused death.) em ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving 16 CHRONIC BRAIN SYNDROME 3 rise to the obove couse (A) stoling the physician the remains UNDERLYING CONDITION last, WOS burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE INFECTION DISEASE OR CONDITION CAUSING IT. CERTIFIC 208. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION the 19A. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF °Z AL DEATH (notify medical examiner) nature; MEDIC A obtained 21E, INJURY OCCURRED 9 (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY (except Not While While At (APPROX.) and At Work Work any 22. I certify that (1) (this hospital) attended the deceased from .. that((1) (we) lost sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date eath) hospital and hour and from the causes stated above ((1)/(We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Ö Attending Phys. Stoff M.D. Med. 0 approval Director Phys. O prior 23 C. PHYSICIAN'S 23D. ADDRESS p NAME (Type) BCH-4940 EASTERN AVENUE- BALTIMORE, MD. 21224 DR. DAVID E. MCBETH d 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) D.O. REMOVAL (Specify) decease SD 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 3 VS 150-REV. 1/1/65

Per Cursa A.

CARRENC BRAIN SINGRAME,

WALLEST THE THE THE THE

IMPORTANT

**DIRECTOR:** 

FUNERAL

## WELCHT, WILLIAM TO WELCHART THE STAND

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KIGHT LOWER LOBE PREDMERIA

11 November 67, 99M Hod 1967, 12 "AM

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		6	7 10812 BALTIMORE CI	TY HEALTH DEPARTMENT		67 10812	
	H NO.		CERTIFIC	ATE OF DEATH	Registered Na.	23022	
1, N	AME OF DEC	EASED	ROWN	2. DATE	AND HOUR OF DEATH		
					-11-67	10:35 AM	
3. 1	LACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	A. STATE B. CO	here deceased lived. If i	institution; residence before odmission)	
	ULL NAME O		or institution, give street	MARYLAND		_ /	
	NSTITUTION	oddress or locotion		C. CITY OR TOWN (IF	outside city fimits, write	RU AL and give township)	
			PKINS HOSPITAL	BALTIMOR	- Committee	10-01	
-	3 3 BALTIMORE, MD 21205		1105 GREENMOUNT AVE				
5, S	EMALE	6. RACE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED PLYORCED (specify)	8. DATE OF BIRTH 1-18-08	9. AGE (In years	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
			108, KIND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
-	OUSEW	working life, even if retired) [편편	HOME	BALTIMORE,	MAPVIAND	U.S.A.	
	FATHER'S NAM		1101111	14. MOTHER'S MAIDEN N		0.0.11.	
	EM	MANUEL JOHN	SON	ANNIE JO	HNSON		
15,	Wos Deceosed	Ever in U. S. Armed For	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, in yes, give wor or cole		6 Mrs. Sophie	Turber	1105 Greenmount	
	1B. 2 2	/ Y I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEAS	SE OR CONDITION DI	RECTLY	- /	1 1		
	/This dies	LEADING TO DEATH	(A) C	cribiotasci	ilai kem	orhage 5days	
	heart failure,	nat meon the made of asthenia, etc. II means	the disease,				
		nplication which coused	death.)	interne le	nosteusin	3mx Known	
		ANTECEDENT CAUSES	DUE TO		120000		
		OR CONDITIONS, il					
		G CONDITION last.	siding the (C)	***************			
		11					
ON	OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING				
ATIO	DISEASE OR	CONDITION CAUSING	Т.	100	M. M. 222		
ERTIFIC	19A. DATE OF	OPERATION 198, CON	DITION FOR WHICH OPERATION		IN CERTIFYING C.	AUSES OF DEATH?	
CERT	21A ACCIDE	NT WAS UNDERLYING	218 SLACE OF PARTIES (C.	YES	(If in Rollima	ore City, give exact location)	
CAL	OR CONTRIBL	JTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR	, and the bonning		
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
ME	(APPROX.)		While At Not W				
	22 Logstify	that (1) (this hospita	) attended the deceased fram	11/6/67	19ta	11/11 14-7	
		last saw the decease	1./.			pinian death accurred an the date	
			ted abave; (I) (We) (did) (did nat			man deam accorred an the date	
	23A. SIGNATU		TO TOTAL (1) A TOTAL (GIO) (GIO HOT	, vion life body dilet deat		23B. DATE SIGNED	
	192	1:1000	1/ M.D.	Attending Med.	Stoff 😾	11/11/12	
	23 C. PHYSICIA	MICHALL	Unchil	hys. Director 23D. ADDRESS	Phys.	10/0/	
	NAME (T	(ype)	1/:		11 . 14	1/000 ====	
0	G	MICHAEL	YINCENT M.	7011100	HOPRINS	HOSPITAL	
244	REMOVAL	MATION, 24B. DATE	24C. NAME of CEMETERY of	CREMATORY 24D	. LOCATION	City, town, or county) (Stote)	

Burial 11-15-67 Mt. Auburn Cemetery Baltimore Md.

25A. DATE REC'D WHEALTH DEPLOT ASB. NAME OF REGIMERAR MORE OF THE STATE VS 150-REV. 1/1/65

Material in summer and the and the state of the state of the 13/11/11 3 Filedon Landon States Mortley May land TARRIET PLACE NY

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		10010	-	TEACHT DEFARIMENT		0, 10212
	н но. 67	10813	CERTIFICA	TE OF DEATH	Registered No	
	AME OF DECEASED		,	2. DATE	AND HOUR OF DEATH	0.30
(Тур	e or Print) Vincen	+ P.	King	111	11/1/7	9 30 A
3. 1	LACE OF DEATH IN BALTIMORE, MA				here deceased lived. If ins	stitution; residence belare admission)
C	GRITICATE	AMEN	DED	A. STATE B. COL	JNTY /	
	ULL NAME OF (If not in hospital OSPITAL OR oddress or location	ar institution, give st	reg11-17-67	777		
	NSTITUTION //	1 . 1 1		C. CITY OR TOWN	outside city limits, write R	UPA one give towarding
	27 Mercy to	120,121		D. STREET ADDRESS	If rural, give location)	20 42
1	5 /	0		5 STREET ADDRESS	Police decident	ALE
				2601	NITDECKE	7106
5. 5	-7 65000	7. MARRIED, NEVE WIDOWED, DIV		B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	White	M		8/1/86	81	
	USUAL OCCUPATION (Give kind of war during most al working life, even il retired)	10B, KIND OF BUSIN	NESS OR INDUSTRY	11 BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
OON	SALTINI	10/07	HING	MI		1/CA
13.	STTCES MATE			14. MOTHER'S MAIDEN N	AME	AROLD
	1 12.100000	1/		Ain no	1 20	AROLD
	LITINKENCE	18/11/6	-	1917KY	/t . 77.	xive
15. (Ye	Was Deceased Ever in U. S. Armed Fa ,no of unknown) (If yes, give war or date		DCIAL ECURITY NO.	17. INFORMANT		ADDRESS
	Muckeym	2/2	-11-2524	MARUA KIN	6 5601 RA	DECKE AVE
-	118.	810	CAUSE OF	F DEATH	6 000 700	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	DECT! Y		7	,	ONSET AND DEATH
	LEADING TO DEATH	KECILI	(	CHPLETE	HEART	30
	(This does not mean the mode of		DUE TO		BLECK	0 N N O N N D O N N 2202 M N N 2202 C N T T T T T T T T T T T T T T T T T T
	heart failure, osthenia, etc. It means injury or complication which caused		n	/ /	- 22664	21
	ANTECEDENT CAUSES		(B) /+C	UTE MI		3 days
			DUE TO	0 -		
	DISEASES OR CONDITIONS, if rise to the above cause (A)		(C)	MSCUD		Mary
	UNDERLYING CONDITION Iosi.			***************************************		- Tooling or a second
	11					4
N O	OTHER SIGNIFICANT CONDITIONS					
ATION	TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING					
ERTIFIC	19A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH	OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE F	INDINGS CONSIDERED
E	2	OKNIED		YES	III CERIII III O CAC	15
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLAC		fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
CAL	DEATH (notify medical exominer)	etc.)	ii, laciory, sheet, ar	nee stogs, mooki occok.	2 (89.7)	
DIO	21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJU	RY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
MEDI	OF INJURY (APPROX.)	While At	Not While			
		Work	At Work		(7)	4/11
	22. I certify that (1) (this hospita	4	. / . /	//////	_19to	19
	that (I) (we) last saw the decease	ed alive an	111	19 ond	that in (my) (aur) apir	nion death accurred on the dot
	and haur and from the causes sta	ted above (1) (We	(did) (did not) v	iew the body after death	1.	
	23A_SIGNATURE	/				23B. DATE SIGNED
	Mr. Musey K	Doll.	M.D. Atte	mding Med. Director	Stoff Phys.	11/11/67
	23C. PHYSICIAN'S	veeng		23D. ADDRESS	11175.	///
	NAME (Type)	and the	0	1/4	. Ho	
	M. SUSIFIN C	OLLING	-ER M.D.	1 all	Cy Mil	
244	BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME o	CEMETERY OF CRE		· ·	ly, town, or county) (State)
	BURIAL NIVIU	67 4014	REDEEL	YER CEM. 4	1430 BELA	IR RD MO.
254	. DATE REC'D BY HEALTH DEPT.	258. NAME OF REC	HSTRAR	25C. FUNERAL DIRECT	O R	ADDRESS
	MAN T 3 13P	Walson DE.	Jankura	DIDDEL B	DAC 7110	RELAIR RID

VS 150-REV. 1/1/65

	contributing cause of death termined cause; (5) Deceased regular attendance on the eased prior to death. Such is made.	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
FUNERAL DIRI	approved by the chief medical eso the hospital by a medical eso any nature; (2) Body burns; (3) (except where the physician s; and (6) No physician was in a obtained before the remains of	
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must ba	

C-7-60	0 67	1081	4 BALTIMORE CITY	HEALTH DEPARTMENT		CT 400.
BIRTH NO.	200000000000000000000000000000000000000	and the same	CERTIFICA	TE OF DEATH	Registered Na	. 97 10814
M.E. CASE NO. C.	SED.	XXXXX			AND HOUR OF DEATH	1
(Type or Print) Se	eger. Tho	my R.		11.	-10-67	19:15 A.M.
3. PLACE OF DEATH	I IN BALTIMORE, MA			4. USUAL RESIDENCE (WA. STATE MO. B. CO		
FULL NAME OF HOSPITAL OR INSTITUTION	((f not in hospital oddress or location		give street			RURAL ond give township)
10,0	0	~		D. STREET ADDRESS (If rurol, give locotion)		
Soulds	Convale	sarce	m	4:	221 Stanwood	The state of the s
F	RACE	WIDOWE	Y -	B. DATE OF BIRTH Aug. 13, 1870.		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	king life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	Balts	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		1		14. MOTHER'S MAIDEN	IAME	
	Thomas	Simms			Cecila	?
(Yes, no or unknown) (III	er in U.S. Armed For yes, give wor or dote	ces? es of service)	16. SOCIAL SECURITY NO. 212-14-94770	Mr. Charles	Geiger, 4143 1	Eirman Ave. 21206
heort foiture, os injury ar campli  AN  DISEASES OR rise to the	meon the made af thenia, etc. It meons icalian which caused ITECEDENT CAUSES  CONDITIONS, if abave cause (A) CONDITION last.	the diseose, death.)		trus Garlis	- Vasculu A	lesere 26 years
≥ TO THE DEA	11 CANT CONDITIONS CO. TH BUT NOT RELADING I	ATED TO TH	E (archion	is of Bla	dder	2 months
19A. DATE OF O		IDITION FOR Y	WHICH OPERATION	20 A/AUTOPSY? (Yes or	10 CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING NG CAUSE OF edicol exominer)		ne, form, foctory, street, o	in oi obout 21 C. WHERE DID office bldg., INJURY OCCUR	(If in Boltime	ore City, give exoct locotion)
OF INJURY	Month) (Day) (Year)		INJURY OCCURRED  ile At Not Whi tk At Wark	21F. HOW DID	NJURY OCCUR?	·
22. I certify that (I) (this hospital) attended the deceased from 19 4 / ta 1/-/0 that (I) (we) last saw the deceased alive an / 0 / 2 8 19 6 7 and that in (my) (our) apinian death accurred						
and have and f	rom the causes sta	ted abave. (	1)- <del>(We</del> ) (did) ( <del>did not)</del>	view the bady after deat	h.	
23A. SIGNATURE	w 4.1	Pole	M.D. Att	lending Med.	Stoff Phys.	23B, DATE SIGNED  1/-/0-67
23C. PHYSICIAN NAME (Type	IN F.	Por	3603 Be	law Cd.	Backa Mil.	
24A. BURIAL CREMA REMOVAL (Spe Burial	11/13/6		AME of CEMETERY OF CR			City, town, or county) (State)
25A. DATE NEC'D B	HEALTH DEPT.	258. NAME (	OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS Balto. Md. 21214
VS 150-REV. 1/1/65	-40	Y		• 1		

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	7 - 6 / 67	m/						
BIRTI		07	10815	CERTIFICA"	TE OF DEAT	H Ren red No	. 67 10815	
	CASE NO.				2. DA1	TE AND HOUR OF DEAT	TH	
Тур	e or Print) MAT	HEW H	AENSL	E12		1/11/67	6:00	A
3. PI	LACE OF DEATH IN		RYLAND		4. USUAL RESIDENCE	(Where doceased lived, If	f institution: residence before ad	lmissio
	UII NAME OF	44				0 161		
H	OSPITAL OR	oddress or locotion	or institution, give s	freet	C. CITY OR TOWN	(If outside city limits, writ	te RURAL and give township)	
1	1STITUTION		0		BALTIN	NAPE 21	218 27-0	9
1	MERCY	HOSPIT	HL		D. STREET ADDRESS	(If rural, give location),		1
•					4309 N	MARBLER	" RD.	
5. SI	EX 6. RA	CE	7. MARRIED, NEVE	R MARRIED ORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdgy)	If Under 1 Yr. If Under Months: Doys Hours	24 H Min.
1	M	W	M A G	P ( Specify)	10/21/191	3 1 10 10	INTONIAS DOYS HOUIS	PWIIII.
			108, KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF	
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FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 0816 CERTIFICATE OF DEATH Registered No. r if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo ari institution: residence before admission) death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance B. COUNTY (If not in hospital or institution, give street FULL NAME OF oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 21218 prior Mercy Hospital 1705 Chilton Street made. regular 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In yeo's If Under 1 Yi. 5. SEX If Under 24 His. eceased WIDOWED, DIVORCED (specify) Hours lost birthdoy) Female White Aug. 11. 1889. Widow 10A USUAL OCCUPATION (Give kind of work10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working lite, even if relired) = Maryland TISA HENEXER Housewife MOS the 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME William Roach Catherine McCarthy death no 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) attendance Mr. Charles Bengel (Same) No any CAUSE OF DEATH pronounced INTERVAL BETWEEN 0 ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY fracture of embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner 9 injury ar camplication which coused death.) regul ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if any, <u>ල</u> rise to the above couse (A) stoling the physician UNDERLYING CONDITION lost. the remains MOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED the body was released to the hospital by 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner) etc. any nature; approved by MEDI obtained 21 D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) Work At Work and 22. I certify that (I) (this hospital) ottended the deceased from Nounker that (I) (we) last saw the deceased alive on.... and that in (my) (our) opinion death accurred on the date of eath) hospital must and hour and fram the causes stated obave. (1) (We) (did) (did not) view the body after death. An accident 23A, SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Stoff Phys. 10 Director L deceased prior to written approval 0 23C. PHYSICIAN'S 23D. ADDRESS to NAME (Type) was D.O.A. shows: (1) 24A. BURIAL CREMATION. REMOVAL (Specify) Baltimore, Md. Burial Oak Lawn Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/65

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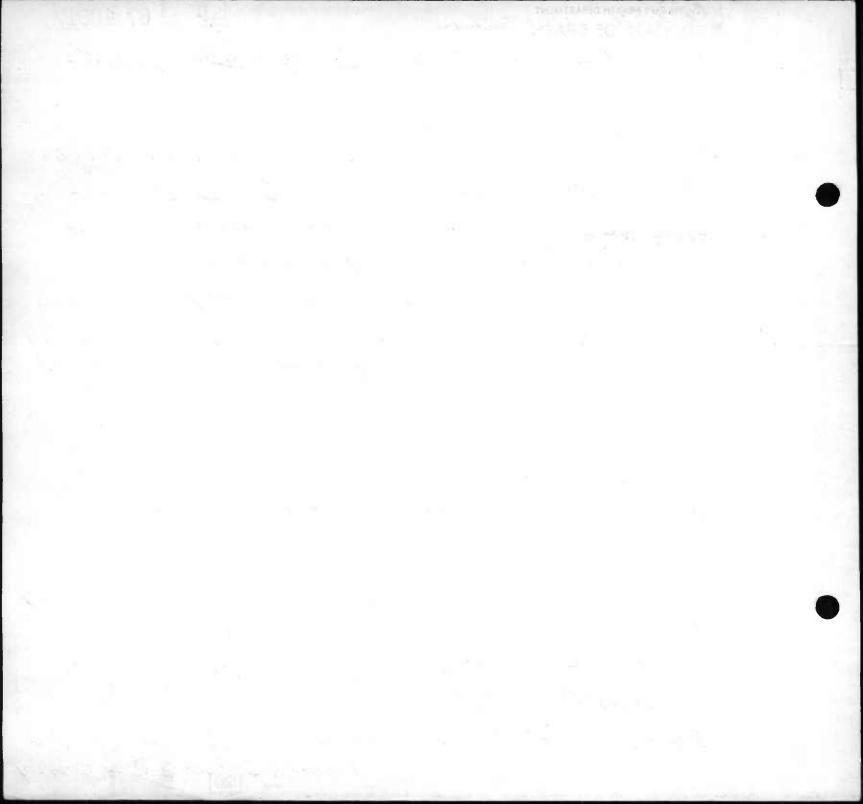
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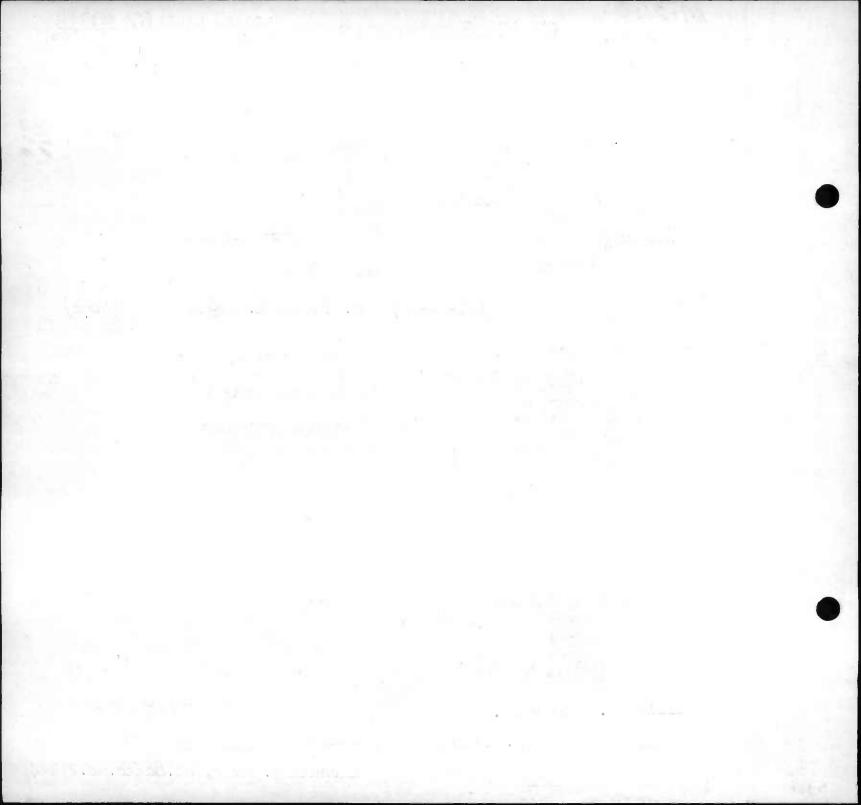
of death Deceased Suci uo eath. ance (4) Undetermined cause; (5) COUSE T attend prior contributing regular or final disposition is mad deceased Ξ MOS the the direct eath 0 attendance B any pronounced embalmed of fracture OF the chief medical examiner regul who (3) physician the remains Mas medical burns; physician Body ere the before 3 the hospital °N nature; Wh obtained 9 approved (except and any death) hospital accident 0 approval 0 prior at An 4 deceased p D.0. the body shows: SD M

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location (If outside city limits, write RURAL and give township) IORTH Charles D. STREET ADDRESS 92 9. AGE (In years It Under 24 Hrs. Haurs : Min. 7. MARRIED, NEVER MARRIED If Under 1 Yr. 5. SEX 6. RACE Hours Months Days WIDOWED, DIVORCED (specify) 12. CITIZEN OF 10A USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL CE (State or foreign country) WHAT COUNTRY? most of working life, even if retired) USM USE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no or unknown) (It yes, give war ar dates of service) 6. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving to the obove couse (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B PLACE OF INJURY (e.g., in or about 210. WHERE DID hame, farm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING _ CAUSE OF A etc.) DEATH (natify medical examiner) MEDI 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased fram and that in(my) (aur) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23B, DATE SIGNED 23A. SIGNATURE Attending | Med. Director M.D. Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 0 CREMATION, 24C. NAME of CEMETERY OF CREMATORY DATE REMOVAL (Specify) 25B. NAME OF REGISTRAR IH DEP VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	M-200		HEALTH DEPARTMENT	GEE. LAUR	A 87 160818
BI RT	H NO. 12TH FL-23 67 10	1818 CERTIFICA	TE OF DEATH R	Registered No.	12-213
	AME OF DECEASED	NA MCGEE	2. DATE AN	moer by	967.1 PMED M
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	100	4. USUAL RESIDENCE (When	te deceased lived. If in	nstitution: residence before admission)
- 1	FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	MD. DE	REER.	RURAL and give towaship)
1	NSTITUTION		7780	THORE	21206 27-01
3	8 ANINERZIAN HOZLIAN	iL	D. STREET ADDRESS (IF	rurol, give locotion)  BELAIR	Ro
5. \$	EX 6. RACE 7 MARR	NED NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KIND		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
3.0	Housewife		bood	Maryland	420
13.	HARRY HOBSON	C	14. MOTHER'S MAIDEN NAME	WE	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye:	, no of unknown) (If yes, give wor of dotes of servi	212-10-4891	Mr. Thomas L	. McGoo	(Same)
	18.292.61	CAUSE O		<u>- 110)00</u>	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		MARA-CERMAN	HEMORRHA	-> /1 . ·
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		TAN THAT TO BE SERVICE	137-717-11930	A see a second case consider a consideration of the second
	injury ar camplication which caused death.)	_	REFRACTORY A	S ALMAN.	2-3 month
	DISEASES OR CONDITIONS, if any, give	DUE TO		Right € at artises the the should be a strain and he should be substituted to the same and artistic to the strain and the should be sho	0.0 a de
	rise la lhe abave cause (A) stating UNDERLYING CONDITION last.	the (C)	1 HEON BOCK	OPENIA	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
CERTIFICATION	DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimor	re City, give exact location)
MEDICAL	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Work Not While At Work			
	22. I certify that (I) (this hospital) attended	11111	1	19 67 to	19.67.
	that (1) (we) last saw the deceased alive and haur and from the causes stated abov			at iri(my) (aur) ap	inian death accurred an the date
	23A. SIGNATURE		ending Med.	Staff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	29 1 21 01/	23D. ADDRESS		1,
	William H. Barker Sr	M.D.	UN	IVERSITY	HOSPMAL
24 F	REMOVAL (Specify)	Loudon Park	Camatanu C		ity, town, or county) (State)
25 A	NEW ESTURY () A C	ME QE REGISTRAR	25C. FUNERAL DIRECTOR	COENTRICES.	ADDRESS
1/5		. Starbayma	Leonard J.	Kuck, Ync.	Balto.Md. 21214
A 2	150-REV. 1/1/65			1	



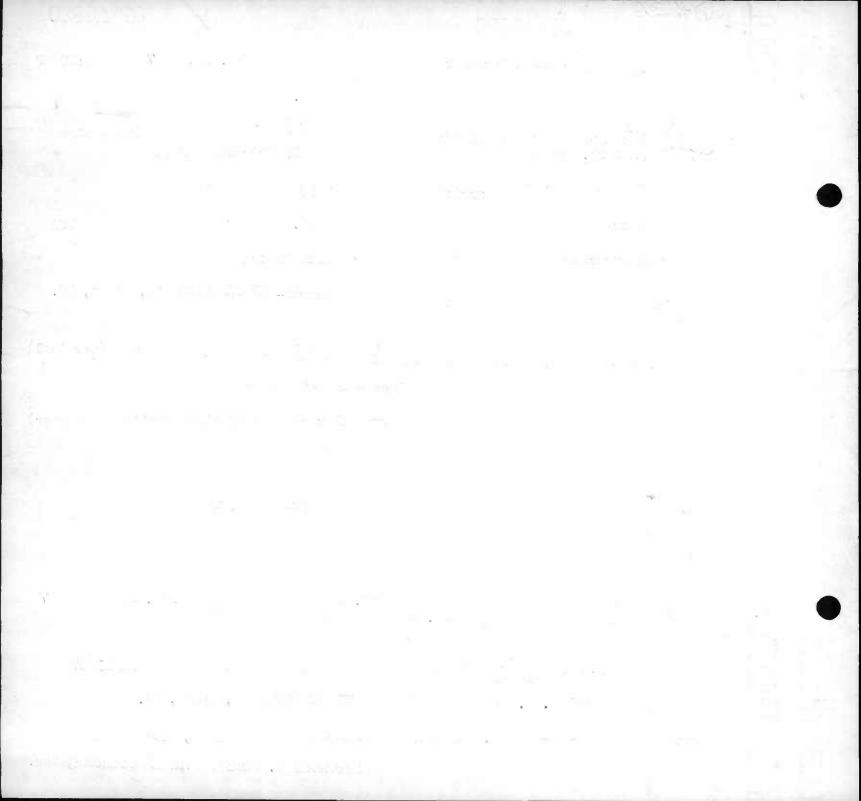
	K-534 GT 40040 BALTIMORE CITY	HEALTH DEPARTMENT	C"7 10010
M	RTH NO.  LE CASE NO.	TE OF DEATH Registered No.	67 10819
1. (T	NAME OF DECEASED  A PLACE OF DEATH IN BALTIMORE MARYLAND  PLACE OF DEATH IN BALTIMORE MARYLAND	2. DATE AND HOUR OF DEATH INGRAMMAN /1, 1967	11:15 P. M
3.	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	A. STATE B. COUNTY  Maryland  C. CITY OR TOWN (If outside city limits, write RUR  Baltimore	
b	O Gould Convalesarium	D. STREET ADDRESS (If rurol, give location) 4509 Simms Ave	
2 10	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Temale White Widowed  A. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)  April 2, 1887  80	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min,
2	Housewife FATHERS NAME	Penna  14. MOTHER'S MAIDEN NAME	U.S. A.
	William Mansfield	Amanda Miller	
1113	. Was Deceased Ever in U. S. Armed Forces? es, no of unknown) (If yes, give war or dotes of service) 212-26-3624	A Mrs Grace Roberta 45	109 Simms Ave
5	DISEASE OR CONDITION DIRECTLY	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  DUE TO	ebral Henorrage	10 lours
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES (B)	Lip-Vasculor Hyperfersing	15 years
2	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	Levischosic	15 years
Detore the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
TIEST	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
AI CER	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Baltimore Ci ffice bldg., INJURY OCCUR?	ty, give exoct location)
WEDIG	OF IN HIP	21F. HOW DID INJURY OCCUR?	
5	22. I certify that (I) (this hospital) attended the deceased from		11, 19 67
	and hour and from the causes stoted obove. (1) (We) (did) (did not) v		n deoth accurred on the dote
ŝ	23A. SIGNATURE	23	B. DATE SIGNED
24		Med. Stoff Phys. 23D. ADDRESS	11/11/67
	Michael & Dausch M.D.	4636 Belair Rd Baltimo	
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRE Burial 11/15/67 (alvary	Altoona Penna	own, or countyl (State)
25	NOV 13 1967 Robert E. Fallen	25C. FUNERAL DIRECTOR Ruck Inc 5	305 Harford Rd
1/6	150-BEV 1/1/65		



IMPORTANT

FUNERAL DIRECTOR:

D-62 BIRTH NO.	67	1082	CERTIFICA			Registered No	67 10820	
M.E. CASE NO.	CEASED					AND HOUR OF DEATH		
(Type or Print)	Lloyd Jo	seph Du	rocher	Nov. 12, 1967 11:20 P				
3. PLACE OF D		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission A. STATE  B. COUNTY  La.						
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION				C. CITY OR TOWN (If outside city limits, write RURAL and give township) Thibodaux				
8 US Pt 3100	Hospital	D. STREET ADDRESS (If rurol, give location) 815 Harrison Street						
. SEX	WIDOWED DIVORCED (specify)			B. DATE OF BIRTH 9. AGE (In years lost birthdoy)28		If Under 1 Yr. If Under 24 H Months Doys Hours Min.		
OA. USUAL OC	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)  La.			12, CITIZEN OF WHAT COUNTRY?			
3. FATHERS N. Bru		14. MOTHERS MAIDEN NAME Rita Hebert						
5. Wos Deceas Yes, no or unknown	ed Ever in U.S. Anned Fo wn) (If yes, give wor or do	es of service)	16. SOCIAL SECURITY NO.	17. INFORMAN Rec	ords-	US PHS Hospi	ital, Balto, Md.	
18. 17	8 X 1		CAUSE	DF DEATH	F DEATH INTERVAL BETWEEN ONSET AND DEATI			
DISE	ASE OR CONDITION DI LEADING TO DEATH		(A) Mass	sive gast	rointes	stinal hemor	rhage (terminal)	
heart failur	not mean the mode o e, asthenio, etc. II mean	s the disease,	DUE TO					
injury or c	omplication which couse  ANTECEDENT CAUSE		(B) Wide	spread m	etasta	ses of		
rise lo	OR CONDITIONS, if the above cause (A) NG CONDITION last.			nyonal c	arcino	ma of right	testis (one year	
≥ TO THE	HICANT CONDITIONS OF CONDITIONS OF CONDITION CAUSING	ATED TO TH						
19A. DATE	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN SERFTING CAUSES OF DEATH?						
OR CONTRI	DENT WAS UNDERLYING [ BUTING CAUSE OF ify medical examiner)	218 hon etc	B. PLACE OF INJURY (e.g., ne, form, foctory, street,	in or obout 21 C. office bldg., INJU	WHERE DID	(If in Boltime	ore City, give exact tocotion)	
OF INJURY	(Month) (Doy) (Yeor		. INJURY OCCURRED		HOW DID IN	NJURY OCCUR?		
(APPROX)			While At Not While At Work					
	fy that (N) (this hospita			0			Nov. 12 1967	
1							pinian death accurred an the d	
	ind from the causes sto	ated above. (	y) (We) (did) (did hoft)	iew the body	after death	1.		
23A. SIGNA	1 ()	tanding con	Mad ==	Stoff C	23 B. DATE SIGNED			
23C. PHYSIC		WZ	M.D. At	tending 23D. ADDRESS	Director	Stoff Phy s.	11/13/67	
NAME	Samuel C	. H. Lee	e / M.D	US P	HS Hosp	ital, Balto	, Md.	
AA. BURIAL C	REMATION, 24B. DATE	24C, N	AME of CEMETERY of C	REMATORY	24D.	LOCATION	City, town, or county) (State)	
Buria	11-16		. Joseph's	(emeter	y 71	hibodaux,	Louisiana Baltimore, Md.	
25A. DATE REC	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNE	and a	Ruck Inc	Baltimore, Md.	
VS 150-REV 1/	3 1961 (1) (1)	8 E. Fa	NOOP THE	Leon	viu f.	7100017 5700		



VS 150-REV. 1/1/65

results . I motion

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

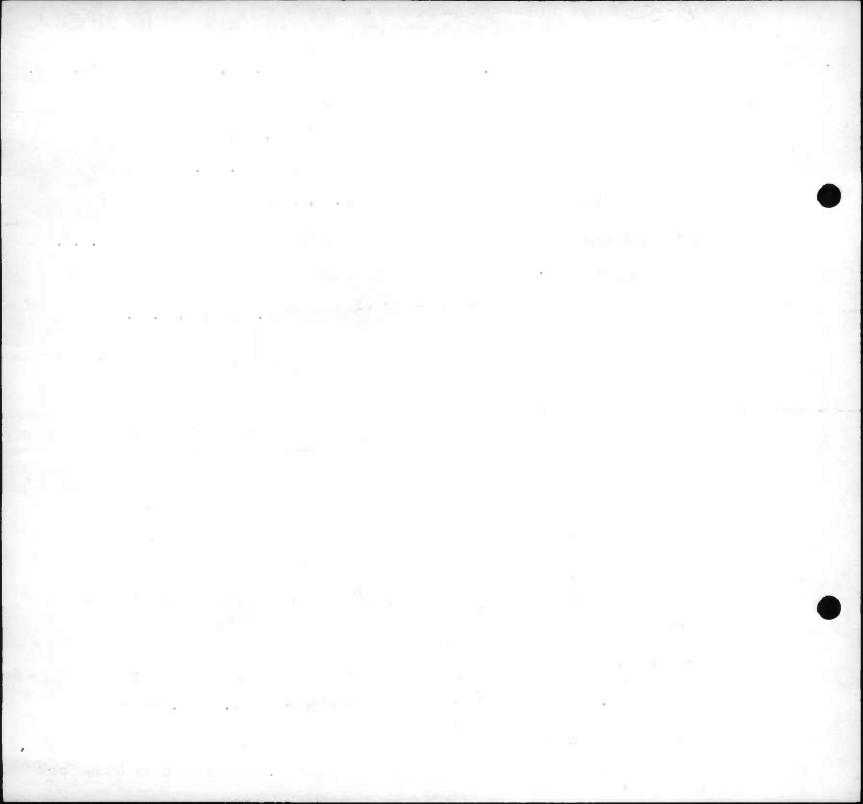
M= 525  BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 67 10822 CERTIFICATE OF DEATH Registered No. 67 10822
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print) (Type or Print) (Type or Print)
3. PLACE OF DEATH IN BALTIMORE, MARILAND
A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location) INSTITUTION  C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Union Demorial Lospital D. STREET ADDRESS (Ili rujol, give location)
5. SEX   6. RACE   7. MARRIED NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   WIDOWED, DIVORCED (specify)   lost birthday)   Months; Doys   Hours; Min.
F M 3/28/85 82
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLAZE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHERS, MAME, 14. MOTHERS MAIDEN NAME.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service)  17. INFORMANT RS. FREDA EIS RPERE
CAUSE OF DEATH  11B. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A) Coroles Pascular Cultur
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
ANTECEDENT CAUSES  (B)  (B)  (B)
DISEASES OR CONDITIONS, if ony, giving
rise to the above cause (A) stating the (C) UNDERLYING CONDITION tost.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
d DISEASE OR CONDITION CAUSING IT.
198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.)  While At Not While At Work
22. I certify that (1) (this hospital) attended the deceased from 11 11 19 67 to 11/2 /1967
that () (we) lost sow the deceased alive on
and hour and from the causes stated above (1) (We) (did not) view the body ofter death.
23A. SIGNATURE
M.D. Attending Med. Stoff Phys. Director Phys. Director D
NAME (Type) H. F. Holcombe M.D.
Maion Momor al Horria
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24C. LOCATION (City, town, o county) (Stote)
Burial 11/15/67 Parkwood Parkville, Balto, Co., Md
H.W. Jenkins & Sons Co. 4905 York Ro
Balto 12, Md.

All some Land Oh has William I For Union Momes of Lospite 5423 the Alonsoda 3/24/85 82 215-12-226 Carolal Houselo aud -Progradie Fright Hairn Morner in dogs

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<b>DIRECTOR:</b>
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UNERAL

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH rif death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Nov. 12,1967 12:25 P.M.

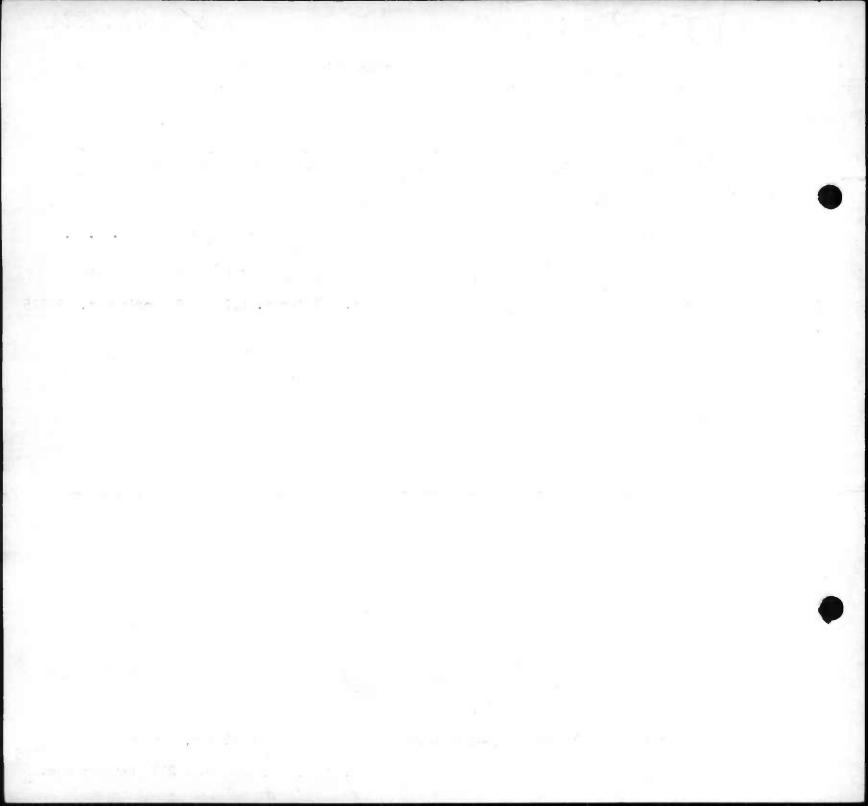
4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY Miss Eleanor H. Bowman 12:25 P.M. death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend INSTITUTION 2 Baltimore, Maryland prior D. STREET ADDRESS (If rurol, give location) KESWICK Home 700 West 40th. regular mad S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. deceased Hours Months! Doys WIDOWED, DIVORCED (specify) lost birthdov Mar. 5, 1881 86 White Single disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? = done during most of working life, even if retired) Medical Registered Nurse Was the the direct Isaac Bowman Susan Hall uo death S. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance JI 219-36-1218 No fracture of any pronounced INTERVAL BETWEEN 010 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dving, e.g., heart lailure, asthenia, etc. It means the disease, regular injury or camplication which caused death.) who ANTECEDENT CAUSES DUE TO are (3) A DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. (2) Body burns; medical Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. physician 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? approved by the where (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF to the hospital °Z DEATH (notify medical examiner) any nature; MEDI obtained 9 (Month) (Dov) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) and Work AT Work 22. I certify that (1) (this hospital) attended the deceased from 10 196/ that (I) (we) lost saw the deceased alive on... and that in(my) (our) apinion death occurred an the date hospital death) accident of shows: (1) An arrivers and hour and fram the causes stated above. (1) (We) (did) (did nat) view the body ofter death. must 23A. SIGNATURE 238, DATE SIGNED Attending [ Med. Director 0 approval ō 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS eceased prior to o W. Grafton Hersperger Keswick - 700 W. 40th. M.D. Street was D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 11-15-67 Druid Ridge Pikesville Md. 25A. DATE REC'D BY 2SC. FUNERAL DIRECTOR ADDRESS Henry W. Jenkins & Sons 4905 York Rd VS 150-REV, 1/1/65



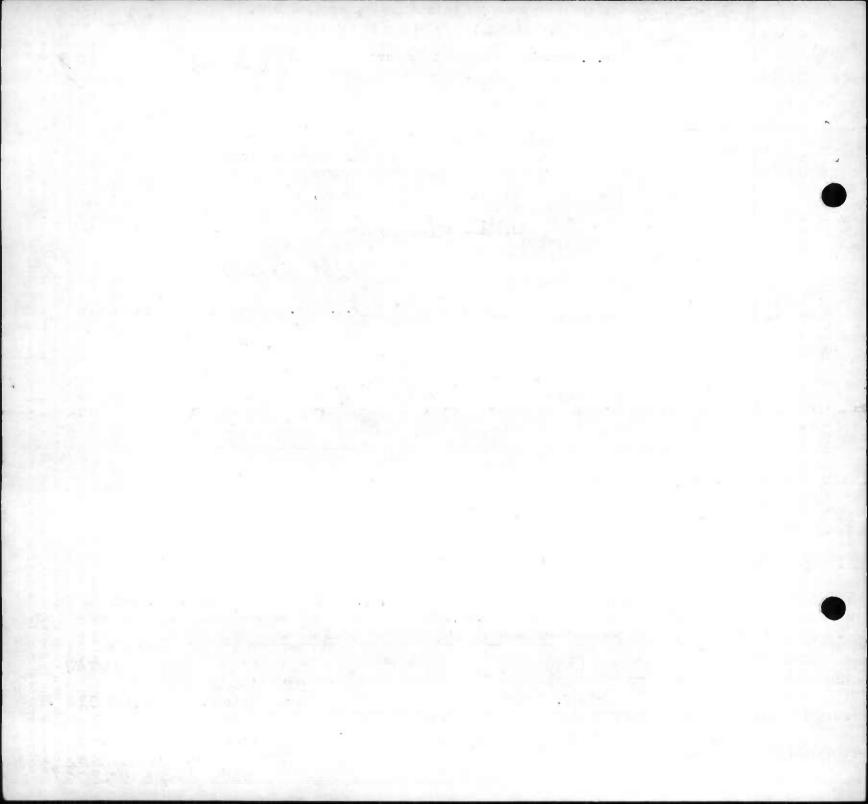
## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7-620		HEALTH DEPARTMENT	1/	CH 40001		
BIRTH NO.	824 CERTIFICA	TE OF DEATH	Registered Na	6/ 10824		
M.E. CASE NO.  1, NAME OF DECEASED			D HOUR OF DEATH			
(Type or Print) Manes Fn	ck (Mary Conce		11- 11-67	1 2 50P		
3. PLACE OF DEATH IN BALTIMORE MARYLAND	Clithary conce	4. USUAL RESIDENCE (When	e deceased lived. If institu	ution; residence before odmission)		
		A. STATE B. COUN	TY /	0.00		
FULL NAME OF (If not in hospital or institut	tion, give street	1/10/4	la Na.	4,4,60		
HOSPITAL OR oddress or focation)		C. CITY OR TOWN (If gotside city limits, write RURAL and give township)				
43		Baltimore #2/225				
l un u	) 11	D. STREET ADDRESS	rurol, give focotion)	100		
South Boltimore GE	NEral HOSP	3 08 De	oris AVE	52-00		
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED		9. AGE (In years I	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.		
F. White	Mannie	9-26-1900	lost billingoy)	7411.		
	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) 1	2. CITIZEN OF		
dane during most of working life, even if retired)		p 11.	be A	WHAT COUNTRY?		
Housewife		Baltimore, Ma. U. S. A.				
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NA	ME ,	-2		
danla Sal	6.	Minh	r/F LB	Race.		
15. Was Deceased Ever in U. S. Armed Forces?	1 6- SOCIAL	17. INFORMANT	110	ADDRESS		
(Yes, no or unknown) (If yes, give wor or dates of serv	ice) SECURITY NO.	Mr. William B.	F-4-1- 200 T	oris Ave. 21225		
			1116K 960 I			
18.420,11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(0)	c \.	Λ Ο	0		
(This does not mean the mode of dying,	(A) CC	ite Myse	adias	30 min		
heart foilule, osthenio, etc. It meons the dise		Can think				
injuly of complication which coused death.)		Jaccy cor				
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if ony, gi						
uise to the obove couse (A) stoting UNDERLYING CONDITION last.	lhe (C)		***************************************			
UNDERLYING CONDITION loss.						
Z	I WALLO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	I 200 IS YES WESS SINI	DINGS CONSIDERED		
19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	OK WHICH OPERATION	M. AUTOPS1: (185 0) 110	IN CERTIFYING CAUSE	S OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	Total Brace or thinney/	// 0 .	Of the Bure of C			
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inhome, farm, foctory, street, or	fice bldg., INJURY OCCUR?	(If in Politimore C	ity, give exact locotion)		
DEATH (notify medical examiner)	etc.)					
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
S (APPROX.)	While At Not While					
	Work At Work		/ 4-			
22. I certify that (1) (this haspital) attend		11-7	19 <u>4</u> 7 to	11-10 1967.		
that (1) (which tast saw the deceased alive	on 11-10	19 <u>67</u> and the	at In( <del>my)</del> (aur) apinia	n death accurred an the date		
and haur and from the causes stated above	ve. (H) (We) (did) (did not)	iew the bady after death.				
23A. SIGNATURE		,	23	B. DATE SIGNED		
121. 88: 1 m	M.D. Atte	ending Med.	Stoff	13 1		
23C PHYSICIAMS	One Phy		Phys.	11-10-67		
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 ,	,		
	M.D.	1213 Liei	5+			
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CRI	MATORY 240. L	CATION (City,	lown, or county) (State)		
	Landon Pomb	F	Baltimore, Mar	vland		
	Loudon Park	25C. FUNERAL DIRECTOR		ADDRESS 2122		
NOV 13 1967 10 0 6-9	Sta Ven MA	7000	4 //	AND ADDRESS OF THE PARTY OF THE		
HOT AS TOOL VINCEND C.		M' Cully tu	relat Home 23	7 Patapsco Ave.		
VS 150-REV. 1/1/65			)			

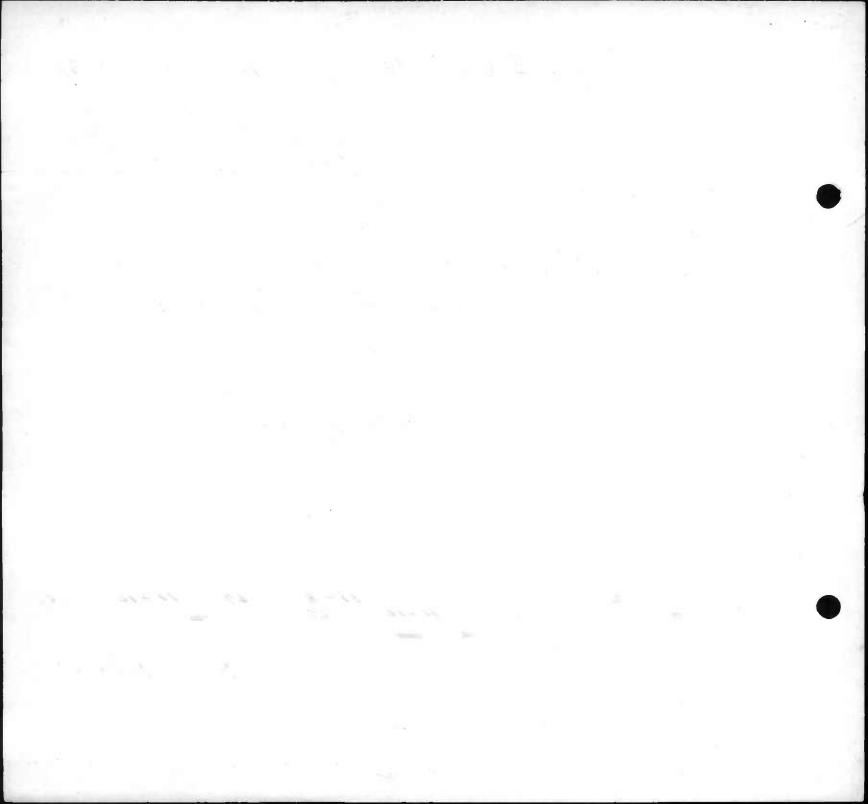


5-56	60	100	BALTIMORE CITY			Registered No.	67	10825	
AL CASENO.		Tuo	CERTIFICA	VIE C					
NAME OF DE	Sr.M. Beatr	ice	Margaret Schno	rr		3, 1967		4:00 P	
			nue street	A. STAT	AL RESIDENCE (Where	deceased lived. If i	nstitution: res	idence before odmis	
HOSPITAL OR	oddress or location		, give sneet	C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore					
Institu	ate of Notre De	em			Aisquith S	urol, give locotion			
SEX	6. RACE 7	. MARRIE	D, NEVER MARRIED	B. DATE		P. AGE (In years	If Under	Yr. If Under 24	
emale	White	Sir	igle (specify)	June	10, 1882	ost birthdoyl 85	4 onths 2	5 Hours M	
ne during most o	of working life, even if retired)	OB. KIND	OF BUSINESS OR INDUSTRY		HPLACE (Stole or foreign	gn country)	12. CITIZE	N OF	
		Reli	gingous EDUCATION				Un	), A,	
Schnorr	H NO CASE NO.  COSSITAL OR  COSSITAL  COSSITAL				THER'S MAIDEN NAM				
. Was Decense	ed Ever in U. S. Armed Force	95?	1 6. SOCIAL	17. INFO	DOT KNO	WN		ADDRESS	
es, no or unknov	vnl (If yes, give wor or dotes	of service	SECURITY NO.						
NO			16-54-5/180	7 Sr.	M.Stan.Kost	ka 901 Ais	guith S	treet	
18. 4	H3XI		CAUSE	OF DEATH	1		0	NSET AND DEAT	
DISE		CTLY		2. 11	11.01	fairence >	100		
			(A1	my	gen war	faction			
			g., DUE TO						
				MAS	CVD				
	ANTECEDENT CAUSES		(B)					*********	
DISEASES	OR CONDITIONS II .	nv givir							
rise la l	the above cause (A)			***		ga g + 11 g g a an a			
UNDERLYIN	NG CONDITION lost.								
TO THE	DEATH BUT NOT RELAT	NG THE							
	OF OPERATION 198. COND	ITION FO	R WHICH OPERATION	20A.	AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS (	CONSIDERED	
19A. DATE C	WAS PERFO	DRMED				IN CERTIFING C.	AUSES OF D	EAIH!	
OR CONTRI	BUTING CAUSE OF	h	1 B. PLACE OF INJURY (e.g., ome, farm, foctory, street, etc.)	in or obou office bldg.	121C. WHERE DID	(If in Boltimo	re City, give	exact location)	
21 D. TIME	(Month) (Doy) (Yeorl	(Hourl 2	1E. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?			
>			While At Not Wh	ile 🗍					
					10/2	0		/=	
			The second secon	,13	1960	9 to 8,	17, 19	5719	
that (1) (we	e) lost sow the deceased	d olive or	8,17,1967	19	ond the	ot in (my) (our) of	Inion death	occurred on th	
and hour a	and from the couses state	ed obove	(I)(We) (Bid) (did not)	view the	body ofter death.				
			1017				23B. DATE	SIGNED	
	0,0	10	M.D. At	tending [	Med.	Stoff		11/7/67	
	John Da	mes	Ph	ys.	Director	Phy s.		TT/ 1/01	
	(Tybel			23 D. ADI	ORESS 9017 L	iberty Road	d		
1177116	John J. I	Darrel	1 M.D		Randal	1stown, Ma:	ryland	21133	
4A. BURIAL CI	REMATION, 248. DATE	24C.	NAME of CEMETERY of C	REMATOR			City, town, or		
REMOVAL		25	(1)			e. n =	Mars	11	
	Nov6,191	0/01	STEKS EMETER	4	OL	ENHRM,	MINKY	LAND	
SA. DAH NEC	D BY HEALTH DEPT.	258. NAM	OF REGISTRAR	250	FUNERAL DIRECTOR	, 81	7 SenRE	ETT DR.	
HUY	1301 Violer	O. C.	JOURNAL PAR	M	YMONDE,	IRRAW TOU	150N. N	10.21204	
S 150-REV. 1/	1/65						7		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		S7 10	BALTIMORE CITY	HEALTH DEPARTMENT	27 10000
-	BIRTI	H NO.	CERTIFICA	TE OF DEATH Registered No.	01 10020
		CASE NO.	CERTIFICA		
		AME OF DECEASED	10-11-1	2. DATE AND HOUR OF DEATH	
		WOSEDH E	CarlistE	FRI 11-10-67	6120 M.
	3. P	LACE OF DEATH IN BALTIMORE MARY AND	0.01	4. USUAL RESIDENCE (Where deceased lived. If in Still	tion: residence before odmission)
		III NAME OF A HEAVIER OF THE PROPERTY OF THE P		Par 7	3-01
	Н	ULL NAME OF (II not in hospital or institut oddress or location)	on, give street	C. CITY OR, TOWN (If outside city limits, write RUR	AL and give township)
	1	NSTITUTION		(h - 1 1 1 1 n	1.02
	1	350, BALTO, GEN	1 dosn	D. STREET ADDRESS (If rural, give locotion)	2/230
Ī	/	06,100218.00	10-32	1416 M 6 10 T	
	_			104 WILOU	V9.
	5. S		MED, NEVER MARRIED		Under 1 Yr. II Under 24 Hrs. onths Days Hours Min.
	m	111 6/11/10 1.1	DOWER - /	12 ACH 201015	
1	OA!	USUAL OCCUPATION (Give kind of work 108. KIN		TT, BIRTHT ACE (State or foreign country)	2. CITIZEN OF
	done	during most of working life, even if retired)	gobe City	(beating may	WHAT COUNTRY?
	Q	ARETAKER	PARK	Galf more mal	
	13. F	ATHEN NAME	nin	14. MOTHER'S MAIDEN NAME	1
		In entrail () as	lesto	Thembeth 1	,
1	15. V	Vas Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	ADDRESS / A
	(Yes	no or unknown) (If yes, give war or dates of servi	SECURITY NO.	AUDROUS HUCH	Same
		140-	NONE	40046 A 14,11,420A	
		18. 4. 20 /1	CAUSE O	F DEATH	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
		LEADING TO DEATH	(A) BE	NAL FAILURE	
		(This does not mean the made of dying,	e.g., DUE TO	97887 6	
3		heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)			
		ANTECEDENT CAUSES	(B) GAN	UGRINE OF RIGHT FOOT	
5		DISEASES OR CONDITIONS, if any, gir	DUE TO		
,		rise to the above couse (A) stating	the (C) ARTE	RIOSCLEABTIC CARDIOVASCH	LAR
2		UNDERLYING CONDITION last.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DISEASE	
5		11			
	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU			
	ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE		
2			OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINE	DINGS CONSIDERED
	ERTIFIC	WAS PERFORMED		IN CERTIFYING CAUSE	S OF DEATH?
5	U	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Baltimore Ci	ty, give exact location)
	AL.	OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	hame, lorm, factory, street, of	thice bidg., INJURY OCCUR?	
	9		015 1011100 05511000		
		21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	^	(APPROX.)	While At Nat While At Work		
		22. I certify that ( (this haspital) attend	ed the deceased from	11-8 1962 to 11	-10 1967
		that (\$\disp(we) last saw the deceased alive		19and that in(my) (age) apinion	n death accurred an the date
	I L	and haur and fram the causes stated abov	e. (I) ( <b>Vas</b> ) (did) (did	view the bady after death.	
		23A. SIGNATURE			B. DATE SIGNED
			M.D. Atte	s. Med. Stoff Phys.	11/10/67
		/word / ! /h	1 Lee - Illy		
		23C. PHYSICIAN'S		23D. ADDRESS	
		23C.PHYSICIAN'S NAME (Type)	1,	23D. ADDRESS	
		GERALD D. Dob	nzycki M.D.	12/3 hight St.	
	24A	GERARD D. Dob	MZ 4 CK) M.D.	23D. ADDRESS  12/3 hight 5t, ematory   24D. Socation (City, 1)	lown, or county) (Stote)
- L-		GERALD D. Dob	MZ 4 CK) M.D.	12/3 hight St.	lown, or county) (State)
	24A	BURIAL CREMATION, 248. DATE MAY 241. REMOVAL (Specify) NOV.13-1967	MZ 4 CK) M.D.	23D. ADDRESS  12/3 hight 5t, ematory   24D. Socation (City, 1)	Nown, or county) (State)
	24A	BURIAL CREMATION, 248. DATE MAY 241. REMOVAL (Specify) NOV.13-1967	MZ 4 CK, M.D. C. NAMY OF CEMETERY OF CRE MAY, OLIVET CE	23D. ADDRESS  12/3 h/ght St, ematory 24D. JOCATION (City, of the party	Own, or couply) (State)  VANSIDDRESS 2/230



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Christopher B. Merell

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Johns Haplums Hospital Collo Male

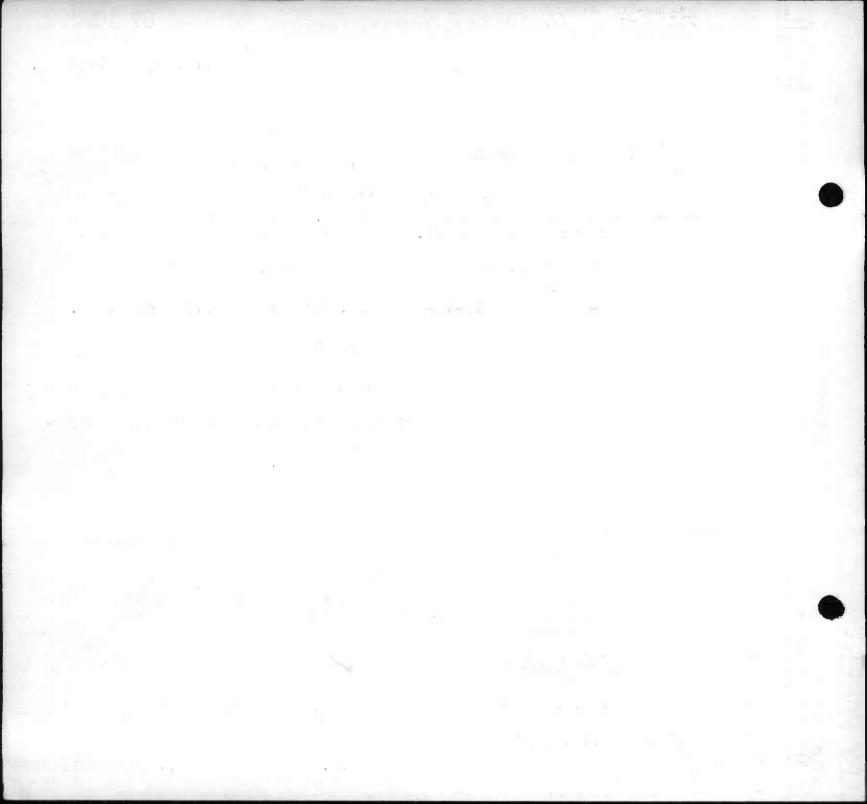
people of him Lite M. Master E.

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased written approval must be obtained before the remains are embalmed or final disposition is made.

	K-4117	BALTIMORE CITY	MEALTH DEPART	MENT	67 10828
BIRT	H NO. 7 67 10	828 CERTIFICA	TE OF DE	ATH Registered No	0. 10020
1. N	AME OF DECEASED	1 .	2.	DATE AND HOUR OF DEATH	150 0
	LACE OF DEATH IN BALTIMORE MARYLAND	1510	14. USUAL RESIDE	11-10-67 NCE (Where deceased lived, If ins	stitution: residence before admission)
			A. STATE	B. COUNTY	EGANY G.
H	ULL NAME OF (If not in hospital or institu IOSPITAL OR oddress or tocation) NSTITUTION		C. CITY OR TOWN	(If outside city limits, write R	
8	U.S. PUBLIC-HO.	CP. TAL			.D. 51-00
	BALTIMORE		D. STREET ADDRE	SS (If rurol, give location)	44/ 1 00 000
5. S	EX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 YI. If Under 24 Hrs. Months Ooys Hours Min.
	F Covc.	MED, DIVORCED (specify)	3-16-0	14 lost birthdoy)	Months Ooys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KtN during most of working lite, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	housewife			ning, Md.	USA
13. 1	FATHER'S NAME		14. MOTHERS MA	1	
15 \	Vas Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	a halic Turn	ADDRESS
(Yes	,no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.		Klipstein, Lor	naconing, Md.
-	NO 18. 0 0 4 1	CAUSE C	F DEATH	(Husband)	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			1. 1	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the made of dying,	(A)	cute 1	yelogenous lea	4C.
	heart foilure, osthenia, etc. It means the disc injury ar complication which coused death.)				
	ANTECEDENT CAUSES	(B) #	en notrag	ic Pericarditis	**************************************
	DISEASES OR CONDITIONS, if any, gi		1 . 6.	OT ALL	13/4:0
	rise to the obove cause (A) stoting UNDERLYING CONDITION lost.	the (C) FCu	penic 1(c)	4x +n f talins	Illal Gras
z	II CONTRACTOR CONTRACTOR	TIME			
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
FIC/		OR WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208, IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	1216 WHE		
AL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	City, give exact facation)
	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOV	V DID INJURY OCCUR?	
WE	OF INJURY (APPROX.)	While At Not Whi Work At Work	le 🖳		
	22. I certify that (I) (this haspital) attend		10/1	19 67 10 //	10 19 7
	that (1) (we) last saw the deceased olive	1 1 1 1 1	1967		ion death accurred an the date
	and hour and from the causes stated above	e. (1) (Wa) (did) (did not)	view the bady afte	er deoth.	
	23A. BIGNATURE	MO M.O. AH	ending Med	d. Stoff	23 B. DATE SIGNED
-	23C. PHYSICIAN'S releyer	Phy			11/10/67
	NAME (Type)	M.O.	230. ADDRESS		
24A	BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY OF CR	EMATORY	24D. LOCATION (Cit	y, town, or county) (State)
	Burial 11/13/196	7 Oak Hill Ce	meterv	Lonaconing,	w# a
2SA	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2SC FUNERAL		ADDRESS
	NOV 13 1967 Robert	E, StarberMA	Gicko.	In Huneral Ho.	me Nonaconing In
VS	SO-REV. 1/1/6S				//



	H NO. CERTIFIC	CATE OF DEATH Registered No.	. 07 10000
	AME OF DECEASED	2. DATE AND HOUR OF DEATH	
	MARYANNA (MAMIE) FABIS	ZAK November 11,1	967   1:30 A
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. II A. STATE B. COUNTY	institution; residence before admis
F	ULL NAME OF (If not in hospital ar institution, give street	Marvland	
H	IOSPITAL OR address or location)		RURAL and give township)
age of	13 Honor	Baltimore	2-0
C	O TO THE TANK OF THE PARTY OF T	D. STREET ADDRESS (If jural, give location)	
	CASE NO.  ME OF DECEASED  OF Pend  MARYANNA (MAMIE) FABISZAK  LOUAL RESIDENCE (When deceased lived, if institution, give sheet  Office of the control in heapited or institution, give sheet  Office of the control in heapited or institution, give sheet  Office of the control in heapited or institution, give sheet  Office of the control institution  IT726 Fleet Street  OFFICE STREET ADDESS (if two), give location  OFFICE		
5. S		B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Months Days Hours N
F		111/20/06	10013
10A.	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
		16-1-2-7	WHAT COUNTRY?
		Maryland	U.S.A.
13.			
	William Fabiszak	Catherine Zubrowsk	i
15. Y	Nas Deceased Ever in U. S. Armed Forces?	17. INFORMANT	ADDRESS
		Mar Eleman Helen 170	( TET + O+
	0.41161	Z Mrs. Eleanor Foley, 1/2	INTERVAL BETWEEN
	/ = / -	L OI DENIII	ONSET AND DEAT
		MI T	1 day
	(This does not mean the made of dying, e.g., DUE TO		
		11 4 5 .	//
	ANTECEDENT CALISES (B)	H A J HD	16 years
	DUE TO		,
	rise to the above couse (A) stoting the (C)	aken to Church H	EMC EDOA
	UNDERLYING CONDITION lost.		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
AT	DISEASE OR CONDITION CAUSING IT.		
F		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERI	AUSES OF DEATH?
CERTIFIC	WA ACCIDENT WAS UNDERLYING TO	in a should C WHERE OLD	City of a second second
	OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE	g, in or about 21 C. WHERE DID (If in Bollimo	are City, give exact lacohan)
U	OF INJURY		
U	While At   Not \	White Vark	
U			11 /1/
MEDIC	22   cartify that (1) (this hasnital) attended the deceased form		
MEDIC	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- /-	
MEDIC	that (I) (we) last saw the deceased alive an 9/2)	19 67 and that in(my) (aur) a	
MEDIC	that (I) (we) last saw the deceased alive an $g/U$ and haur and fram the causes stated above. (I) (We) (did) (did no	19 67 and that in(my) (aur) a	pinian death accurred an tl
MEDIC	that (I) (we) last saw the deceased alive an 9/2)	19 (17 and that in(my) (aur) and the tin(my) till view the bady after death.	
MEDIC	that (I) (we) last saw the deceased alive an $g/U$ and haur and fram the causes stated above. (I) (We) (did) (did no	and that in (my) (aur)	pinian death accurred an th
MEDIC	that (I) (we) last saw the deceased alive an	19 (17 and that in(my) (aur) and the tin(my) till view the bady after death.	pinian death accurred an th
MEDIC	that (I) (we) last saw the deceased alive an	Attending Med. Stoff Phys. 23D. ADDRESS	238, DATE SIGNED
MEDIC	that (I) (we) last saw the deceased alive an	Attending Med. Stoff Phys. 23D. ADDRESS  A.D. 4000 W. Northern Parks	23B, DATE SIGNED
OIQ3W	that (I) (we) last saw the deceased alive an	Attending Med. Stoff Phys. 23D. ADDRESS A.D. 4000 W. Northern Parks	23B. DATE SIGNED  // /// WAY  XIN MONTH (Supplement)
OIQ3W	and hour and fram the causes stated above. (I) (We) (did) (did no 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  I. A. Zinberg  N. BURIAL CREMATION, REMOVAL (Specily)  Burial  11/14/67 Holy Rosary	Attending Med. Stoff Phys. 23D. ADDRESS A.D. 4000 W. Northern Parks CREMATORY 24D. LOCATION S Baltimore.	23B, DATE SIGNED  (( // ( )  WAY  (S)  (S)
OIQ3W	that (I) (we) last saw the deceased alive an	Attending Med. Stoff Phys. 23D. ADDRESS  A.D. 4000 W. Northern Parks	23B. DATE SIGNED  // // / Way  XIX XXXXX county)  Maryland  ADDRESS



VS 151-REV. 1/1/65

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## FUNERAL DIRECTOR: IMPORTANT

Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. 10 13 1.5 (Y 2 E 2:

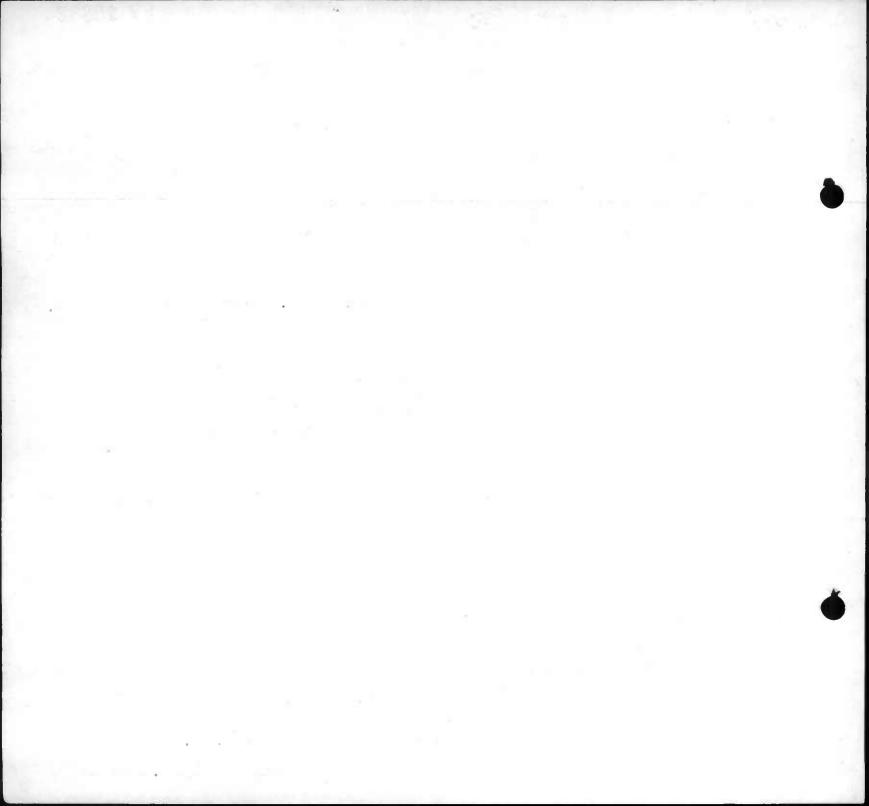
1	2-11	Langer		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRT	TH NO.	0	67 10	831 CERTIFICA	TE OF DEATH	Registered Na.	67 10831
	CASE NO.		01 20	OGI CERTITICA			
(Typ		OHN		OBERENDER		.11.1967	р м.
3. 1	PLACE OF DEA	TH IN BALTI	MORE MARYLAND		4. USUAL RESIDENCE (Who	ere deceosed lived. If in NTY	stitution: residence before odmission)
- 1	FULL NAME OF HOSPITAL OR NSTITUTION	(If nat oddress	in haspital ar instituti s or locotion)	on, give street			RURAL and give township)
	DI CE	ninch	Home & Ho	snital		21224	6-02
-	35	IGE OIL	nome & no	DDI OWI		trord Ave.	
5. 5	EX	6. RACE		TED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
M	ale	White	WIDO	Married	Oct. 4.1887	lost birthdox	7411
104	USUAL OCCU	PATION (Give		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
don	oduring most of w Salesma			ired	Baltimore :	Md.	WHAT COUNTRY? USA
13.	FATHER'S NAM	E	•		14. MOTHER'S MAIDEN NA	AME	
	George				Margaret D	iez	
Yes	_	Ever in U.S. (II yes, give	wor or dotes of servi	16. SOCIAL SECURITY NO. 217 01 6894A	Mrs. Gertru		er (Wife) ltimore 21224
	18. 44 0	0 1 1		CAUSE O		oru Ave. Da.	INTERVAL BETWEEN
	/ =	E OR COND	ITION DIRECTLY			,	ONSET AND DEATH
		LEADING TO		(	araba-4 Tl	AMAMARCIE	1 hour
			made of dying,	e.g., DUE TO	oronary Tl	1. 0.4101212	
			. It means the dise ch caused death.)	ase,	0 1	L 1	2 10
		NTECEDENT		(B) (G)	-on aru Ur	PH10511	3 rears
				DUE TO	7	vieros	is
			ONS, if any, giv ause (A) stating		V		
	UNDERLYING	CONDITIO	N last.	thinkness and the second and the secon	<del></del>	00	
_		11					
ō			DITIONS CONTRIBU				
AT	DISEASE OR C	CONDITION	CAUSING IT.		[00 h	I V 200 10 110	
CERTIFICATION	19A. DATE OF	OPERATION	WAS PERFORMED	OR WHICH OPERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21 A. ACCIDEN OR CONTRIBU	T WAS UND	ERLYING T	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, a	n or obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)
AL	DEATH (notify			etc.)			
MEDIC		(Month) (De	oy) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
Ž	(APPROX.)			While At Not While			
				Work At Work		M.	10
				ed the deceased fram	May 20	1964 10 110	V 11 1967 .
	that (I) (we)	last saw th	e deceased alive	on Alp [ 10	19 6 m and t	hat in (my) (aur) opi	nian death accurred on the date
	and haur and	from the co	uses stated abov	e. (1) (We) (did) (did not) v	riew the bady ofter death.	•	
	23A. SIGNATUI	RE	10 L		. /		23B. DATE SIGNED
	7 5	Alaga	ToKurn	M.D. Atte	ending Med.	Staff Phys.	Nov.  3 1967
	23C. PHYSICIAN		.0.701		23D. ADDRESS		12
	NAME (Ty		ZO PNIV	M.D.	2200 E Mod4	can C+ Dol	timone Wd 21205
244	BURIAL CREA	PH POI		C. NAME of CEMETERY OF CR		Bon St. Bala	timore Md. 21205  ty, town, or county) (Stote)
246	REMOVAL (S	pecily)					
	urial			Baltimore Cem	-	Baltimore	
25A	DATE REC'D		DEPT. 258. NA	NE OF REGISTRAR	HENRY SAND?	ER & SONS	ADDRESS
	NOV 1	3 1967	Olabor C	, 400	Baltimore N	Md. 21213	LIVO.
VS	150-REV. 1/1/6	5	1 1	4.7.00	0 8 5		

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To in value you of your in Ja-7

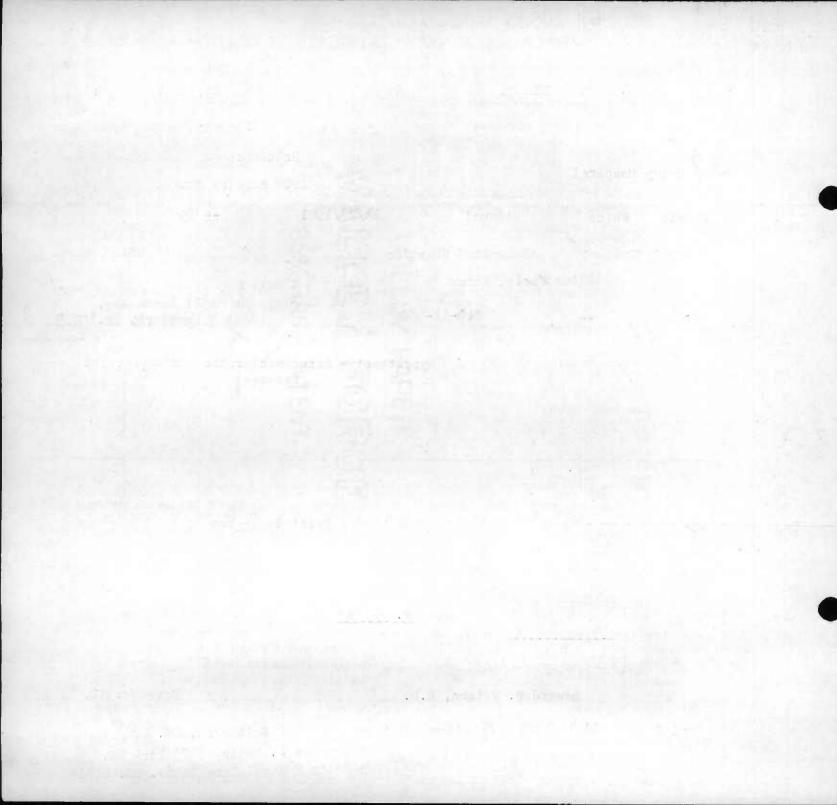
Accept Persons

054 100	BALTIMORE CITY	HEALTH DEPARTMENT		67 10832
BIRTH NO. 67 1UE	CERTIFICA	TE OF DEATH	Registered No	0, 10005
M.E. CASE NO.			ND HOUR OF DEATH	
(Type or Print)	1/10/0 10	2. 02.11	11 11 1 5	1 0 11 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	NNay.	4. USUAL RESIDENCE (WIR	re deceased lived. If in-	titution residence below admission
	0	A. STATE B. COUR	NTY /	monan. residence before donnession.
FULL NAME OF (If not in hospital or institution	n, give street	Map	4 10 NN	n1/4
HOSPITAL OR address or lacation) INSTITUTION		C. CITY OR TOWN (If og		JRAL and give township
113		Bo 17:1	nore +	212 30.
4	1.	D. STREET ADDRESS (III	rural, give location)	2
South Baltimore GEN	Veral Hasp	1518 130.	HERY,	HVE.
5. SEX   6. RACE   7. MARRII	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year)	If Under 1 Yr., II Under 24 Hrs
M 11/2:/- WIDOW	VED, DIVORCED (specify)	10 20 00	last birthdoyl	Months Days Hours Min.
10A, USUAL OCCUPATION Give kind of work 10B, KIND	OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or lare	61	12. CITIZEN OF
dane during most al working life, even if retired)	1 1 2	A	angir country)	WHAT COUNTRY?
Owner Ub/	holsterer	Boltin	DPE. MA.	USA
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	-
Enancia		1 10	1.0-	
5. Was Deceased Ever in U. S. Armed Farces?	11 6 200141	17 1000 Cal'a	SINE.	ADDRESS
(Yes, na ar unknawn) (II yes, give war ar dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		
No		Mrs. Ella M. C	onway 151	L8 Battery Ave
1B. 0/0 V	CAUSE O	F DEATH	*	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1.	1	10 00	ONSET AND DEATH
LEADING TO DEATH	1/2	on Timble	Meckett	
(This does not mean the mode of dying, e.		in ruccia	Carrier Contract	
heart failure, osthenio, etc. It means the diseos	se,	n. 1 0.	1. A.	
	(B) IFUX	Velal + The	weigh	P-1
ANTECEDENT CAUSES	DUE TO	Mulatell	Mun of 1	Wh
DISEASES OR CONDITIONS, if any, givin		() #A	1 /	./
rise to the obove couse (A) stating to UNDERLYING CONDITION last.	ne (C) ACCE	W WALLO	& Cleares	<u> </u>
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
O THE SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 118B. GONDATHEN FO	WHICH OPERATION	AUTOPSY? (Yes or N	o) 20B. IF YES. WERE FIL	NDINGS CONSIDERED
10-3-67 WEST STEP	9 may atur	HUT VEC	IN CERTIFYING CAU	SES OF DEATH?
高リ ノハ ニコーノー ドル・G かにれる	TAPLITY OF WILLIAM	The about 21C WHERE DID	(If in Boltimore	City, give exact lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	IB. PLACE OF WIJORY (e.g., nome, farm, factory, street, a	lfice bldg., INJURY OCCUR?	tit in ballingse	ony, give exact lacquair
U	etc.)			
21D. TIME (Manth) (Day) (Year) (Haur) 2 OF INJURY	PIE, INJURY OCCURRED	21F, HOW DID IN.	JURY OCCUR?	
	While At Nat While Work Nat Wark	e		
			1 40	
22. I certify that (14) (this hospital) attended	d the deceased from		19 67 10	1/-/0 1967
that (1) (we) lost sow the deceased alive or	n//-/_0	19 67 ond th	natin (assy) (our) opini	on death occurred on the da
and hour and from the couses stated above.	(I) (We) (did) (did not) v	view the body after death.		
23A. SIGNATURE				23B, DATE SIGNED
y. f. the		ending Med.	Stoff	11 16 / 15
and the second	Phy		Phys.	11-10-67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11 -	2
GANZALO F. GUA	MENA UP.M.D.	12/3 61	aht S	1
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	EMATORY 24D.	OCATION (City	, lown, ar county) (State)
REMOVAL (Specify)	Cothadas			
Burial 11 14 1967	Cathedral		Balto. Md.	
	E OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
NOV 14 1967 Rober	BE, tarkey M.D.	Mc Cul	Ly 130 E	G. Fort we
VS 150-REV. 1/1/65			A COLOR	· · · · · · · · · · · · · · · · · · ·



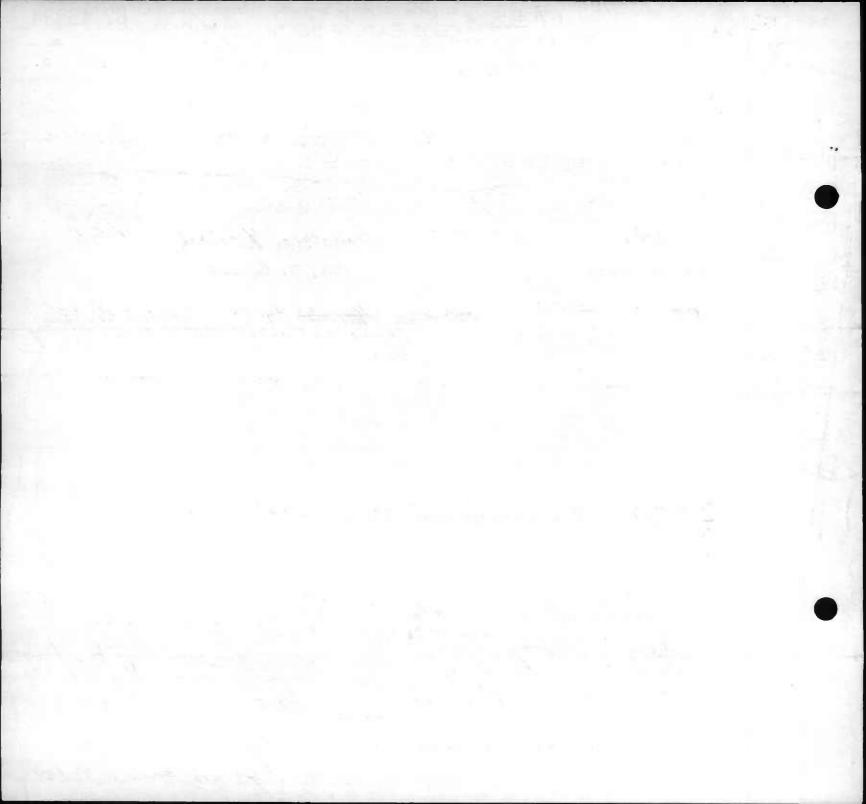
67 10833 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10833

AKIII NO.	MLD	CAL LA	AMII TEN O CI	-KIIIIQAIL	01 1	DEATH		
M.E. CASE NO.								
Type or Print)	EASED					D HOUR PRONOUNCE		
		LINNER			Nover	mber 11, 196	7   6	5:19 p M.
. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENC	E (Where	deceased lived. If insti	tution: residence	before odmission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITUTION)	JTION, GIVE STREET		Ma:	ryland e corporote limits, write	RURAL ond gi	ve township)
37 Mercy	Hospital			D. STREET ADDRESS			/	7-07
CEV	I/ DACE	T7 AAADDIED	NIEVER AAARDIED	B. DATE OF BIRTH	909 B	arclay Stree		16 11 1 24 11
Female	6. RACE White	WIDOWED, Wido	NEVER MARRIED DIVORCED(specify) Wed	12/28/1901		9. AGE (In years lost birthdoy) 62 65		r. If Under 24 Hrs. s Hours Min.
	JPATION (Give kind of worl	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreig		12. CITIZEN C	)F
fone during most of v Seamstre	working lite, even if retired)		1 1 01 1 1 0	Pa.			WHAT CO	DUNTRY?
3. FATHER'S NAM		Almagn	ated Shirt Co	14. MOTHER'S MAID	EN NAM	E	USA	
		Mamla M	. 1					
	William			Annie Dea	abner		100000	
	O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	Albert E.	Richa	rds 1411 L	address aehm Ave	
No			214-12-8696			East McKees		.15035
1B. // //	- V		CALLSE	OF DEATH		Base Menees		ERVAL BETWEEN
DISEAS	SE OR CONDITION DI	RECTLY					ON	SET AND DEATH
	LEADING TO DEATH		Hyperte	ensive Arter	iosc.	lerotic Card	iovascu.	lar
(This does r	not meen the mode of osthenio, etc. It meens	dying, e.g.,	DUE TO		Diseas			
injury or cor	mplication which caused	deoth.)						
Α.	NTECEDENT CAUSE	e						
	OR CONDITIONS, IF A		(B) DUE TO					
RISE TO TH	E ABOVE CAUSE (A) S'		000 10					
	NG CONDITION LAST.		(C)					
<u> </u>	- 11							
O THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T						
M 194 DATE OF	R CONDITION CAUSING		WHICH OPERATION	20 A ALITOPSY2 (Y	es or No	208. IF YES, WERE FIR	ADINGS CONS	DERED
5	WAS PER		WINCH CITERATION			IN CERTIFYING CAUS	SES OF DEATH	?
- SIA EVTERNIA	L CAUSE WAS	loss	DI A OF OF INTHIBY	Parti				
UNDERLYING DEAU	OR CONTRIB-	home etc.)	PLACE OF INJURY (e.g., i , form, factory, street, o	ffice bldg., INJURY OC	CCUR?	(If in Boltimore City, gi	ve exoct locotio	n)
21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	1 E. INJURY OCCURRED	21F. HOW	DID INJ	URY OCCUR?		
(APPROX.)		m. V	WHILE AT NOT AT W	WHILE ORK				
22. 1 cert	tify that I held on I	nquiry 🗌	Inspection P Aut	apsy X ond th	at on th	is basis, deoth in m	ny opinion	
resul	ted from: Natural co	uses X	Accident Suicide	Homicide		Undetermined monne	er	
	8/1/	1 +		CHIEF MEDI	CAL EX	CAMINER -		
SIGNAT		- hu	40	ASSISTANT MEDI		April 1	D	ATE SIGNED
EXAMIN			m. D.	ASSOCIATE MED		-		
NAME (		rd F W	ilson, M.D.	ASSOCIATE MED	ICAL L		vember :	12. 1967
23A. BURIAL CRE			C. NAME OF CEMETERY O	CREMATORY	23D. L		town, or county	
REMOVAL (Specify	y) (y							
Burial	11/15/	1967 (	Oak Lawn Cemet	ery	Be	altimore, Md		
24A. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERAL I	DIRECTOR		ADDR	
	NOV 1 4 1967	RO. 1	5 2. Farbura	Eugenia		, ,	York Rd.	
	DER I Y T 1001	MACKE		Seitz F	uners	1 Home De 1+	- 252 0	17070



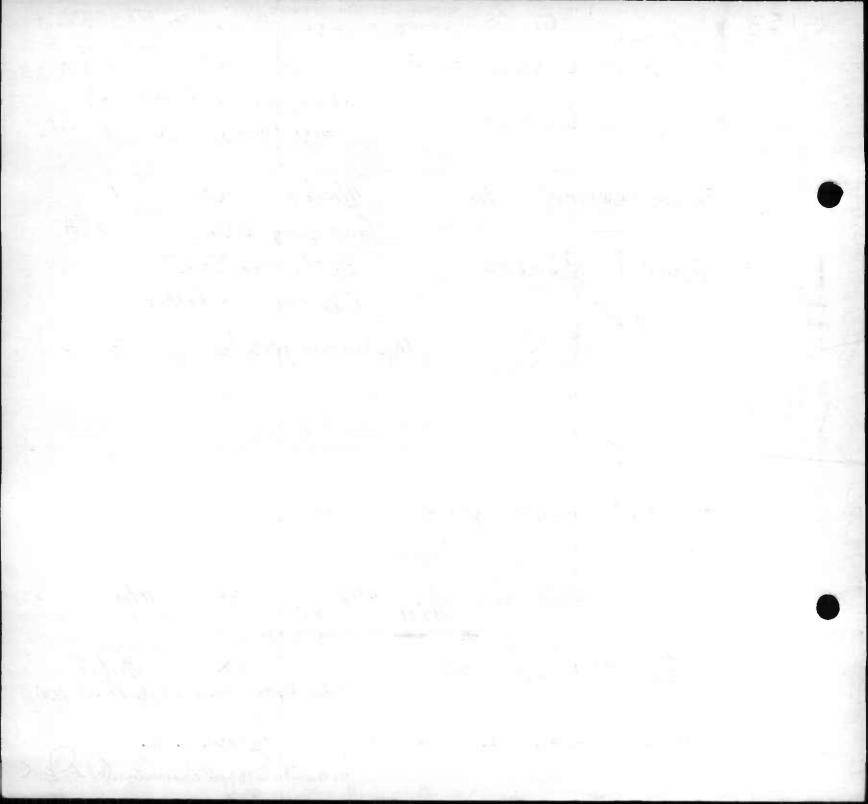
Such ( A

	c 1 1 md 0 1 83 a	HEALTH DEPARTMENT  Registered No. 67 10834
BI	RTH NO. SACRETURE CERTIFICA	TE OF DEATH Registered No.
	NAME OF DECEASED  You or Print)  Roberts, Tracy L.	2. DATE AND HOUR OF DEATH  11-10-67  9:30  a. M
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
		1
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	Maryland Worcester () C. CIT OR TOWN (If outside city limits, write RURAL ond give township)
	33	Snow Hill D. STREET ADDRESS (If rurol, give locotion)
	The Johns Hopkins Hospital	Route 2
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	Male Negro Child	9-1-67
	DA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
a.	one during most of working life, even if retired)	Salishyry Haryland U.S.A.
13	3. FATHERS NAME	14. MOTHER'S MAIDEN NAME
	Norman Avors	Mary E. Roberts
1:	Norman Ayers 5. Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
1	(es, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	NC 1
	18. CAUSE O	F DEATH INTERVAL BETWEEN
	137.1	PLATH ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Attion & corks
	(This does not mean the made all dying, e.g.,  (A) (A) (DUE 10	
	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) slating the (C)	
1	UNDERLYING CONDITION lost.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
110	19A DATE OF PERATION 19B CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	11/9/67 Delmonary Venous te	3/2
11	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i horrye, form, foctory, street, o	n or obout 21 C. WHERE DID (If in Baltimore City, give exoct location)
110		
	21D. TIME (Month) (Day) (Yeer) (Hour) 21E, INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
'	(APPROX.)	
	22. I certify that (I) (this hospital) attended the deceased from	10/3/ 196710 11/10 1967.
	that (I) (we) lost sow the deceased alive on	19/67ond that in (my) (our) opinian death occurred on the date
	and hour and from the couses stated above. (1) (We) (did) (did not)	'
	23A. SIGNATURE	23B, DATE SIGNED
	Pulat & Kindin M.D. Att.	ending Med. Director Phys 11 /10/67
1	1 SC. PHYSICIAN'S	23D. ADDRESS
	NAME (Type) A PORTON M.D.	Tobas H. Line
2	1100ER1 11. 11011110	EMATORY 24D. LOCATION (Sity, town, or county) (State)
	REMOVAL (Specify)	
		ethodist Girdletree Maryland
1 2	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAN	23C. FUNERAL DIRECTOR
1	MUV 14 1961 (Report E. Jackey MA)	John T. Spring Snow H. 11 Hell
V	S 150-REV. 1/1/65	



	and ath the the	M.E. CASE NO.	
	- 0) 73 (7)	Type or Print	2. DATE AND HOUR OF DEATH
	of de Dece	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institu
	De Of ath.	3. TEAGE OF DEATH IN DISTINGUIS MANUACIO	A. STATE B. COUNTY
	hospital use of d ; (5) Dece dance on death.	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Wast Virginia ( Green
	2 0	INSTITUTION Johns Hopkins Hospital	C. CITY OR TOWN (If outside city limits, write RUR)
	E 3 4 17/	77	D. STREET ADDRESS (If rurol, gredocotion)
	0	30	D. STREET ADDRESS IN 1850, G. W. 1860, G.
	occurred ontributir ermined regular regular is made.	5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If
1	ntribut rminec egular ased p	WIDOWED, DIVORCED (specify)	last birthday) M
	occur ontrib ermin regul eased is ma	Temale Caucasian No 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11 RIPTHPI ACE (State or foreign country)
	th collecte ece	done during most of working life, even if retired)	for a 2 1
	death or c Undet as in e dec	CH-CALL COLOR COLO	Greenspring W. Va.
	de vas	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	disposition disposition disposition	Murrill Robinette	Beth Six Dec
Z	stant ind; eath e on	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT
MPORTAN	if the di y kind; d death lance on	(Yes, na ar unknown) (If yes, give wor or doles of service) SECURITY NO.	Old chant + tather
X	A T	IB. CAUSE O	DE DEATH
9	S	DISEASE OR CONDITION DIRECTLY	1
E	lso, of a of a unc	LEADING TO DEATH	elo mening occele
-		(This does not mean the made of dying, e.g., DUE TO	
œ	actu pro ular mba	heart failure, osthenio, etc. It meons the disease, injury or complication which caused death.)	
0	fra fra emin	ANTECEDENT CAUSES (B)	
DIRECTOR	xaminer. xaminer. ) A fractu who pro	DISEASES OR CONDITIONS IS an initial	
W.		rise to the above cause (A) stating the (C)	
=	ins ins	UNDERLYING CONDITION last.	
	medical edical burns; hysician was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
FUNERAL	W TO TO TO TO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT MOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
<b>8</b>		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINI
Z	chiefy a m Body the p tysicia	was performed meningococle	Yes IN CERTIFYING CAUSE
5	by ph	U 21A. ACCIDENT WAS UNDERLYING 21B. LACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID (If in Boltimore Ci
		DEATH (notify medical exominer) etc.)	mice blug, model occor.
	A	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	atu atu (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED  While At Not Whi (APPROX.)	
	> = 0 D	WOIK - AT WOIK	N/10 19 67 to
		22. I certify that (I) (this haspital) attended the deceased from	
	of to of tall tall the tall the	that (1) (we) last saw the deceased alive an///////	
	be ded	and haur and fram the causes stated above. (1) (did) (didnet)	
	released accident a hospii r to dea	23A. SIGNATURE	23
	a to to to	Munleel a Symmon M.D. Att	rending Med. Staff Phys. Med.
	a da	23 C. PHYSICIAN'S NAME (Type)	Johns Hookins Hospital
	r was rely y was rely 1) An acci 2.A. at a b d prior to	M.D.	Jours 120hours 1401/
	d A d	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City,
		Burial 11-13-67 Mt. Zion Cemet	Anguete W
	e bod lows: as D.C as E.C	25A. DATE RECED AY HEALTH DEPT. 25B. NAME OF REGISTRAR	ery Augusta, W. Va
	he he	NOV 14 1967 P. O. R. O. F. O. 48	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$

R-153 BIRTH NO. Greenspring, W. Va. 67 10835 CERTIFICATE OF DEATH Registered Na. PM M. spring AL and give township) Under 1 Yr. If Under 24 Hrs. 2. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH DINGS CONSIDERED ity, give exoct location) n death accurred an the date B. DATE, SIGNED tawn, or caunty) (Stote) ADDRESS VS 150-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

of death Such was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.

written approval must be obtained before the remains are embalmed or final disposition is made.

## BALTIMORE CITY HEALTH DEPARTMENT

67 10236

	H NO.	07	TOOO	CERTIFICA	TE OF DEATH	Registered Na.	07 10000
1, N	AME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	November
1		Michael E.	Black o	r (Czernikows	ki ) XXXXXXX	West 11-1967	
3. PI	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If in	nstitution: residence before admission)
	ULL NAME O		or institution, g	give street	Maryland		
	OSPITAL OR	address or location	)		C. CITY OF TOWN (If o	utside city limits, write	RURAL and give township)
	Ba	ltimore City	Hospita	1	Baltimore		06 00
- 1	31		p.	1-		f rurol, give location)	
		100000			6924 Gough		
5. \$1		6. RACE	WIDOWED	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (tn years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
103	M DCCI	IPATION (Give kind of work	Marrie		2-22-1917	50	12, CITIZEN OF
		working life, even if retired)	TOU, KIND OF	DOSINESS OR INDUSTRI	THE STATE OF THE STATE OF THE	reigh country?	WHAT COUNTRY?
	nanager		Mars N	Market	Baltimore, Md	<u> </u>	
13. F	ATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	AME	
	Joseph H	Black			Ziel	inski	
15. V	Vas Deceased	Ever in U. S. Armed Ford	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	II	, , , ,			Madeline Black	6924 Gough	Street
_	18. 41.5	0.11		CAUSE O			INTERVAL BETWEEN
	DISEAS	E OR CONDITION DIR	ECTLY				ONSET AND DEATH
		LEADING TO DEATH		(A) MY	OLARDIAL IN	FARCTION	ζ.
		al mean the made of asthenia, elc. It means		DUE TOP R	OLARDIAL IN	TIL CV-D.	
		plication which caused					YEARS
	1	ANTECEDENT CAUSES		(B) TO	ZTIL STE	(4 021).	7/2/1/23
		OR CONDITIONS, if					
		a abave cause (A)  G CONDITION last,	stating the	(C)	90000000000000000000000000000000000000		
		11					
ATION	TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE				
		OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or h	10) 208, IF YES, WERE	FINDINGS CONSIDERED LUSES OF DEATH?
AL C	OR CONTRIBL	NT WAS UNDERLYING DING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, o	n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
MEDI	(APPROX.)			le At Not Whil			
			Wor				1101
- 1		that (1) (this haspital			10	19ta	
	that (1) (we)	lost saw the decease	d olive on	Oct. 3	0 19 0'1 and 1	that In(my) (aur) api	inian death occurred an the da
- 1			ed above. (I	) (We) (did) (did nat) v	riew the bady after death	•	
Ì	23A <b>. SIGN AT</b> U	Aide 2	WA	M.D. Alle	ending Med.	Staff Phys.	11.13 by
	23C. PHYSICIA NAME (T	loo.	VALSH		23D. ADDRESS	HARLES	
24A	BURIAL CRE	MATION, 248, DATE	24C. NA	ME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	ily, town, or county) (State)
	Burial	II-I5-	67 Hol	ly Redeemer Co	emetery R	altimore, Mar	vland
254		TITIO	25B. NAME C	F REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS

VS 150-REV. 1/1/65

NOV 14 1967 Robert E. Farbura

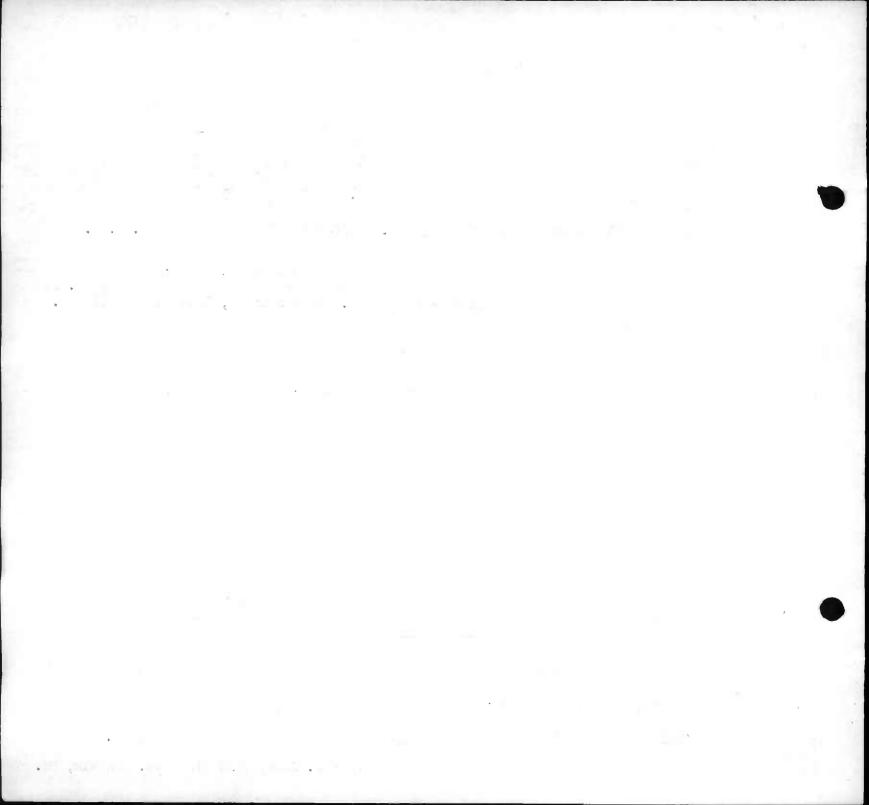
Walter Dabrowski 1005 Dundalk Avenue

form stell 1 -15 Table 11 - 14 9-2 4-6 1 - - -

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Total and the same of the same

				BALTI	MORE CITY	HEALTH	DEPARTMENT		
M.	TH NO. E. CASE NO.		67 3	0837CER	TIFICAT	re o		Registered N	0. 2000.
	Pe or Print)	ASED TIMOT	HY THOMAS	BLEVINS			2. DATE AN	D HOUR OF DEA	TH 11: 15 A- 11
3.	PLACE OF DEA	IN IN PALIF	MORE, MARYLAN			4. USUA A. STATI		e deceosed lived. I	If institution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION		in hospitol or instit or locotion)	tution, give street		C. CITY	OR TOWN All out	side city limits, wri	Baltimore ()
<	45	B. 12:	more (	ENEVAL L	1886	D. STREE	1 1	OPE - E	angemere 33200
s. :	SEX	6. RACE	7. MA	RRIED, NEVER MAR	(specify)	DATE	OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
t0.4	Vale	White	kind of work 10B, KI	ND OF BUSINESS OF					12, CITIZEN OF
don	ne during most of w Retired	orking life, eve	n if retired)	thlehem Ste			rginia		U. S. A.
13.	FATHER'S NAM	E			- 1	4. MOT	HER'S MAIDEN NAM	ME	
	<i></i>	1/040	d 13/6	EVINS.			Jana	= 0/i	VEP.
1S. (Ye	was Deceased s, no or unknown)	Ever in U./S, (If yes, give	Armed Forces? wor or doles of se	rvice) 1 6. SOCIAL SECURITY	NO.		atighter)		Baltimore, Md. 21
	?			213-07-	-6684	Mrs.	Frances Da	avis, 1727	Glen Curtis Rd.
	18.420	01/1			CAUSE OF	DEATH			INTERVAL BETWEEN ONSET AND DEATH
		E OR COND LEADING TO	ITION DIRECTLY DEATH		A) MC4	75	HHAC AR	DIAL IN	
			mode of dying,	e.g., [	OUE TO	<u> </u>	NYOCAN	13111- 12	- AKGJION
			, II means the di ch caused death.				5		
	A	NTECEDENT	CAUSES		B) ANTE	RIOS	CLOROFIC		'AS CHLAR
			ONS, if any,	giving				2/3	Chie
	UNDERLYING		iuse (A) sloting N last.	g ine (	C)				
ATION	TO THE DE	ATH BUT	DITIONS CONTRI						
ERTIFICA	19A. DATE OF			FOR WHICH OPERA	ATION	20 A. A	AUTOPSY? (Yes or No	208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CE		T WAS UND TING CAU medicol exom	ERLYING SE OF	21B. PLACE OF IN home, form, focto- etc.)	JURY (e.g., in ry, street, offi	or obout ce bldg.,	21 C. WHERE DID INJURY OCCUR?	(If in Boltin	more City, give exact location)
MEDI	21D. TIME OF INJURY (APPROX.)	(Month) (Do	oy) (Yeor) (Hou	While At Work	Not While At Work		21F. HOW DID INJ	URY OCCUR?	
	22. I certify t	that 🗯 (this	s haspital) atter	nded the deceased	fram		1-11	967 10	11-11 1962
	that (i) (and i	last saw the	e deceased aliv	e an	-//	19	67 and the	at in (my) (	apinian death accurred an the date
			uses stated abo	ove. (1) () (did)	(diabas) vi	ew the 1	bady after death.		
	23A. SIGNATUR	E	0 1	1 1	AA D. Atton	dina .	Med .	Staff Arm	23B, DATE SIGNED
	23 C. PHYSICIAN	rose	P Do	myh.	M.D. Atten	D. ADDI		Staff Phy s.	11/11/67
	NAME (Ty	pe)	h h l	V: 0	2 - M.D.	J 20	(5)	1 01	
24/	A. BURIAL CREW	ard L NATION, 24B.	1. 1/00 P.	ZYCKI, S	TERY OF CREA	AATORY	3 Kigh	T ST	(City, town, or county) (State)
'	REMOVAL (S;	pecify)	/14/67	Oals Town C			,		
25 /	A. DATE REC'D			Oak Lawn Co	metery	2SC. I	FUNERAL DIRECTOR		imore, Md.
	AL	N 141	961 Role		ey.P.B				Ave. Dundalk, Md.
					-				



BIRTH NO.

## 67 10838 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 10838

M.E.	CASE NO.								
	AME OF DECEASED	Ch	arles W. Taylo	or	2. DATE AND	HOUR PRONOUNCE	D DEAD		
	CHARLES TA	AYLOR			Novem	ber 11, 196	7	2:10	а м.
3. PL	ACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If insti	tution: residen	ce pelore odmi	s sion)
HOSE	NAME OF (IF NOT IN HOSPIT PITAL OR ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	M	aryland		Ltimore	61	
1/8	Maryland General Ho	spital		Baltin D. STREET ADDI		Sparrows Poi	nt S	3-00	)
0				1218	Beechv	vood Road			
5. SE	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTI	Н	9. AGE (In years lost birthday)		Yr. If Under 2	
Ma	le White	Wido		Aug. 3, :	1907	60			
	USUAL OCCUPATION (Give kind of wor	LIOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	n country)	12. CITIZEN		
	during most of working life, even if retired) neet Metal Shipyard	Bethle	hem Steel Co.	Virgi	nia		U. S.	OUNTRY?	
	ATHER'S NAME	Doortac	nom bucch out	14. MOTHER'S M			0.00	e A e	
	Charles Taylo	r		Alice	e Ann Si	nith			
	AS DECEASED EVER IN U.S. ARMED	FORCES?	16, SO CIAL	17. INFORMANT			ADDRESS	ndalk, 1	IGI.
	no orunknown) (If yes, give wor or dote	es of service)	213-09-0533			or, 8122 Lon			HIQ
11	3 21.0		CAUSE	OF DEATH				TERVAL BETW	
	DISEASE OR CONDITION DE	RECTLY					Or	NSET AND DI	EAIH
	LEADING TO DEATH	1	(A) Fatty	, Liver					
	(This does not meon the mode of heart failure, astherro, etc. It means injury or complication which coused	the diseose,	DUE TO						
	ANTECEDENT : CAUSE	•							
	DISEASES OR CONDITIONS, IF A		(B)			***************************************			
	RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST.	TATING THE	506 10						
z	ONDERENING CONDITION EAST.		(C)		******************	***************************************			
일	II II								
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO T							
E 1	9A. DATE OF OPERATION 19B. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FIN	DINGS CON	SIDERED	
Ö	WAS PER	FORMED		YES	S	IN CERTIFYING CAUS	ES OF DEATH	H?	
OU	1A. EXTERNAL CAUSE WAS INDERLYING OR CONTRIB- ITING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. W	VHERE DID (	If in Boltimore City, giv	e exact locati	ion)	
Z 2	1D TIME (Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	215 40	DENI DID WC	PV OCCUP?			
O	F INJURY APPROX.)	V	VHILE AT NOT W	VHILE [	OW DID INTO	KI OCCOK!			
2	2. I certify that I held on I	nquiry 🗌			that on thi	s bosis, deoth in m	y opinion	4	
	resulted from: Natural co	uses X A	ccident Suicide	Homici	de U	Indetermined monne	er 🗌		
				CHIEF MI	EDICAL EX	AMINER			
	ACTUAL S	1 + 1	111	ASSISTANT MI				DATE SIGN	ED
	SIGNATURE EXAMINER'S	6	M. D.	ASSOCIATE M					
		rd F. W	ilson, M.D.	ASSOCIATE M	LDICAL LA		azmohor	11. 19	167
	BURIAL CREMATION, 238 DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23D. LC		town, or coun		te)
	Burial 11/14/	67	oak Lawn Cemet	ery		Baltim	ore, Md	1.	
24A.	NOV 1 4 1967	- 4	OF REGISTRAR		AL DIRECTOR			PRESS	
	NUV 1 4 1967	Obles	& E. Farberns	John J	J. Duda,	7922 Wise	Ave. Du	undalk,	Md.

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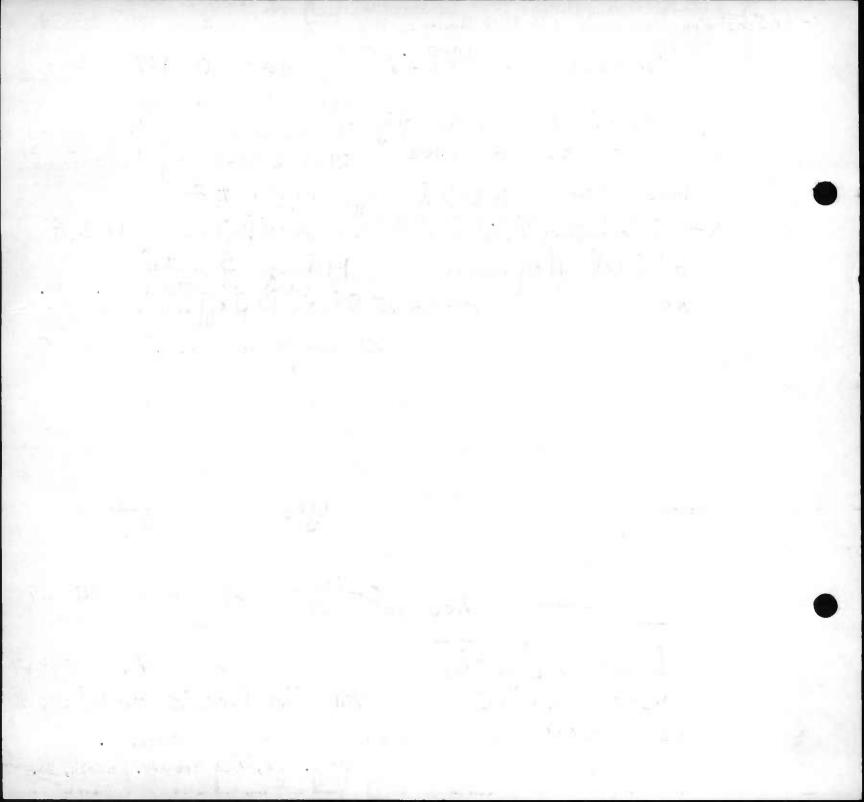
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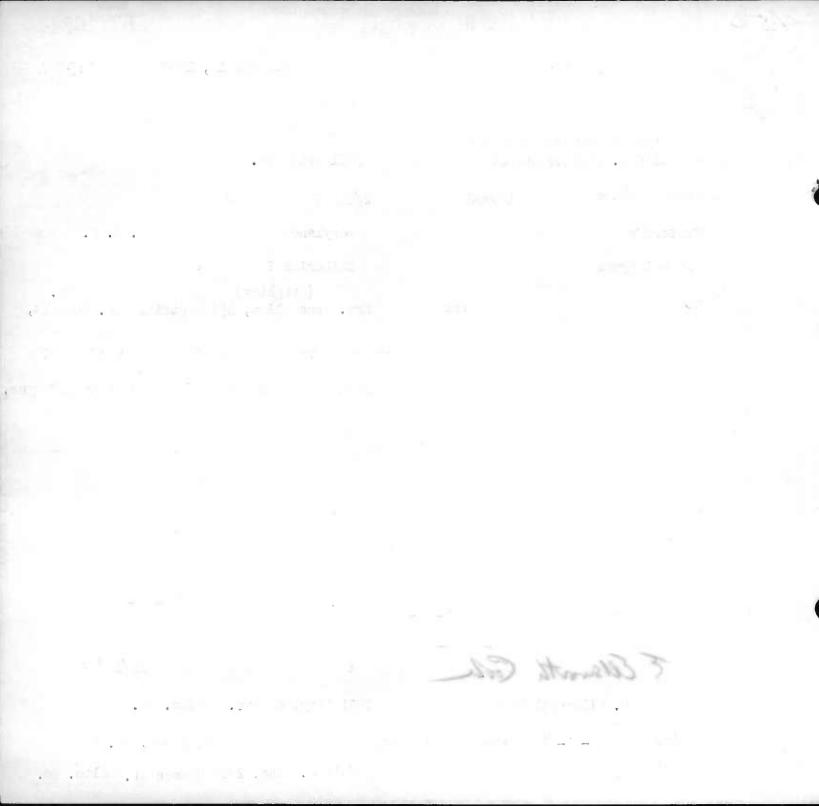
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	to.	COS	4	0	ric	SIC
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	4	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	T	P	5	O	Sec	5
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	F	부	Sh	3	ŏ	}

	BALTIMORE CITY HEALTH DEPARTMENT	00
- 11	BIRTH NO. CERTIFICATE OF DEATH	39
	M.E. CASE NO.  T. NAME OF DESCASED  (Type of Print)  Michael W. Hoffman  2. DATE AND HOUR OF DEATH  (Type of Print)  MICHAEL HOFF MAN  11:30	P. M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE   Where deceased lived. It institution: residence before	
	FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR, oddress of locolion) INSTITUTION (If, outside city limits, write RURAL ond give township)  C. CITY OR TOWN (If, outside city limits, write RURAL ond give township)  BOLL MAME OF (If not in hospital or institution, give sheet of the control of the c	ine)
	North Charles General Hospital D. STREET ADDRESS III 14001, rgive locotion) 33	-06
	Male White Widowed, Divorced specify June 18, 1894 73 Months Doys Hours	der 24 Hrs. Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. () IRTHPLACE (Stole of foreign country)  does during most of working life, even if refired)  Balto. & Ohio Railroad  MAT COUNTRY?  L. CITIZEN OF WHAT COUNTRY?	A
	Prichael Hollman Harry Smith	
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT (Wife) 2926 Salisbury Ave. 16. SOCIAL SECURITY NO. Edgemer	Md.
	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  ONSET AND IS  ON CONDITION DIRECTLY	
	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)	***************************************
	ANTECEDENT CAUSES  (B) Prenchagure a	10000-00000
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	B#####################################
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID have, form, foctory, street, office bldg., INJURY OCCUR?	1)
	21D. TIME   Month) (Doy) (Yeor)   Hour) 21E. INJURY OCCURED   21F. HOW DID INJURY OCCUR?   While At   Not While   At Work   At	1-
		196/
	that (1) (we) last saw the deceased alive an 1000. (0 196) and that in (my) (aur) apinian death accurred a	in the date
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	
	23A. SIGNATURE  ALLORA  Allending Med. Stoff Phys. Director Phys. Director O	1967
	23C. PHYSICIANS NAME (Type) MARCOS LEVIN M.D. 201 Wice ave. Batto. Md, 5	21222
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Iown, or county)	(Stote)
	Burial 11/13/67 Oak Lawn Cemetery Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR ADDRESS	
	John J. Duda, 7922 Wise Ave. Dundalk,	Md.
	VS 150-REV. 1/1/65	



FUNERAL DIRECTOR: IMPORTANT	-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	. ,
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	/
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	_
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	-12
while approve most be obtained before the remains are employed or mild disposition is made.	1

NAME OF D	ECEASED		CERTIFICA		2. DATE AND	HOUR OF DEAT	Н	
ype or Print)		nces Thele	en			er 10, 196		:30 A
PLACE OF D	DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESI		deceased lived, If	institution: residence	pefore odmission
FULL NAME		pitol or institution,	give street	Marylar	nd			
HOSPITAL O		cotion)		C. CITY OR TO		ide city limits, write	RURAL ond give for	(nship)
Qo Fa	ayette Conva	lescent Ho	ome	Baltimo		uol, give location)		0/
-//	105 E. Fayet				ait Ave.	ioi, give locollon/	- 15	•
SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIR		. AGE (In years	II Under 1 Yr.	If Under 24 His
'emale	White	Widov	o, DIVORCED (specify) Fed	2/22/87	10	80	Months Doys	lours Min.
	CUPATION (Give kind of working life, even if ret		BUSINESS OR INDUSTR		(State or foreig	n country)	12. CITIZEN OF	ITRY?
House				Maryla	and		U. S. A.	
FATHER'S N				14. MOTHER'S		E		
Michae	el Lyons			Cather				
. Wos Deceos	ed Ever in U. S. Arme wn)(If yes, give wor or	d Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMAN	Daughte	r)	ADDRES	s Md.
No			None				field Rd. I	
1B. 4 6	50,01		CAUSE	OF DEATH			INTERVA	BETWEEN ND DEATH
DISEASE OR CONDITION DIRECTLY							ONSELA	ND DEATH
0.01								
	LEADING TO DE	ATH	(A)C	ongestiv	e hear	t failur	e se veral	weeks
(This does		ATH e of dying, e.g.,	DUE TO					
(This does	LEADING TO DE	ATH e of dying, e.g., eons the disease,	DUE TO					
(This does	LEADING TO DE not mean the mod e, asthenia, etc. It m	ATH e of dying, e.g., eons the disease, oused death.)	DUE TO				e several	
(This does heart foilur injury or c	LEADING TO DE- not mean the mod e, asthenia, etc. It m omplication which co ANTECEDENT CAI OR CONDITIONS,	ATH  e of dying, e.g., leons the disease, lused death.)  USES  if any, giving	OUE TO	generaliz	ed art	erioscle	rosis sev	
(This does heart foilur injury or c DISEASES rise ta	LEADING TO DE. not mean the mod e, asthenia, etc. It m omplication which co ANTECEDENT CA	ATH e of dying, e.g., leons the disease, used death.)  USES  if any, giving (A) stating the	OUE TO	generaliz	ed art		rosis sev	
(This does heart foilur injury or c DISEASES rise ta	LEADING TO DE- not mean the mod e, asthenia, etc. It m omplication which co ANTECEDENT CAI OR CONDITIONS, the abave cause	ATH e of dying, e.g., leons the disease, used death.)  USES  if any, giving (A) stating the	OUE TO	generaliz	ed art	erioscle	rosis sev	
(This does heart foilur injury or c DISEASES rise ta UNDERLYI	LEADING TO DE.  not mean the mode, asthenia, etc. It momplication which conditions, the abave cause NG CONDITION las	ATH e of dying, e.g., leons the disease, used death.)  USES  if any, giving (A) stating the t.	OUE TO  (B)  DUE TO  (C)	generaliz	ed art	erioscle	rosis sev	
(This does heart foilur injury or c DISEASES rise ta UNDERLYI	LEADING TO DE.  not mean the mode, asthenia, etc. It momplication which conditions, the abave cause NG CONDITION las  II  SNIFICANT CONDITION FOR CONDITION CAUSING CONDITION CONDITION CAUSING CAUS	ATH e of dying, e.g., leons the disease, used death.)  USES  if any, giving (A) stating the t.  NS CONTRIBUTIN- RELATED TO TH NG IT.	DUE TO  (B)  DUE TO  (C)	generaliz	ed art	erioscle	rosis sev	
(This does heart foilur injury or c DISEASES rise to UNDERLYI	LEADING TO DE.  not mean the mode, asthenia, etc. It momplication which conditions, the abave cause NG CONDITION las  CONDITION SATE AND THE CONDITION DEATH BUT NOT DEATH BUT NOT DEATH CONDITION CAUS!  OF OPERATION 198.	ATH e of dying, e.g., leons the disease, used death.)  USES  if any, giving (A) stating the t.  NS CONTRIBUTIN- RELATED TO TH NG IT.	DUE TO  (B)  DUE TO  (C)	generaliz	ed art	erioscle	rosis sev	eral y
(This does heard foilur injury or continuity or continuity or continuity or continuity of the continui	LEADING TO DE.  not mean the mod e, asthenia, etc. It m omplication which co  ANTECEDENT CAI  OR CONDITIONS, the abave cause NG CONDITION las  II  SNIFICANT CONDITION DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT OR CONDITION CAUSI OF OPERATION 198. WAS	ATH e of dying, e.g., leons the disease, lused death.)  USES  if any, giving (A) stating the t.  NS CONTRIBUTIN RELATED TO TH NG IT.  CONDITION FOR NO PERFORMED	OUE TO  (B)  DUE TO  (C)  GE E  WHICH OPERATION	generaliz	sed arto	erloscle  208. IF YES, WERI	POSIS SEV	eral y
(This does heard foilur injury or control of the co	LEADING TO DE.  In not mean the mode, asthenia, etc. It momplication which conditions, the abave cause NG CONDITION las  CONDITION CONDITION DEATH BUT NOT DEATH BUT NOT DE CONDITION CAUSE OF OPERATION 198.  WAS DEENT WAS UNDERLY!!	ATH e of dying, e.g., leons the disease, used death.)  USES  if any, giving (A) stating the t.  NS CONTRIBUTING RELATED TO TH NG IT.  CONDITION FOR 15 E PERFORMED  NG 21B hom	G E WHICH OPERATION  PLACE OF INJURY (e.g., lorm, foctory, sheet, lorm, foctory, sheet,	generaliz	sed arta	erloscle  208. IF YES, WERI	rosis sev	eral y
(This does heard foilur injury or control of the side of the control of the contr	LEADING TO DE.  not mean the mode, asthenia, etc. It momplication which conditions, the abave cause NG CONDITION las	ATH  e of dying, e.g., leons the disease, used death.)  USES  if any, giving (A) stating the t.  NS CONTRIBUTIN. RELATED TO TH NG IT.  CONDITION FOR 15 PERFORMED  NG 21B bom etc.	G E WHICH OPERATION  PLACE OF INJURY (e.g., lorm, foctory, sheet, )	20A. AUTOP: NO , in or obout 21C. W	sy? (Yes or No) (HERE DID Y OCCUR?	erioscle  208. IF YES, WERIN CERTIFYING C	POSIS SEV	eral y
(This does heart foilur injury or control of the co	LEADING TO DE.  In not mean the mode, asthenia, etc. It momplication which conditions, the abave cause NG CONDITION las  CONDITION CONDITION DEATH BUT NOT DEATH BUT NOT DE CONDITION CAUSE OF OPERATION 198.  WAS DEENT WAS UNDERLY!!	ATH  e of dying, e.g., leons the disease, leons the	G E WHICH OPERATION  PLACE OF INJURY (e.g., te, lorm, foctory, sheet, or injury occurred)	20A. AUTOP: NO in or obout 21C. Woffice bldg., INJUR	sed arta	erioscle  208. IF YES, WERIN CERTIFYING C	POSIS SEV	eral y
(This does heart foilur injury or c DISEASES rise ta UNDERLY!  OTHER SIC TO THE DISEASE C 19A. DATE  21A. ACCIT OR CONTR. DEATH (no)	LEADING TO DE.  not mean the mode, asthenia, etc. It momplication which conditions, the abave cause NG CONDITION las	ATH  e of dying, e.g., leons the disease, leons the	G E WHICH OPERATION  PLACE OF INJURY (e.g., ler, lorm, foctory, street, linjury Occurred lile At Not Wi	20A. AUTOP: NO , in or obout 21C. Woffice bldg., INJUR	sed arte	20B. IF YES, WERI IN CERTIFYING C	POSIS SEV	eral y
OTHER SIGNOTION THE DISEASE CONTROL OF CONTR	LEADING TO DE.  not mean the mode, asthenia, etc. It momplication which conditions, the abave cause NG CONDITION las	ATH  e of dying, e.g., leons the disease, leons the	G E WHICH OPERATION  PLACE OF INJURY (e.g., lorm, foctory, street, lorm, street, lorm, foctory, street, lorm, foctory, street, lorm, foct	20A. AUTOP: NO in or obout 21C. Woffice bldg., INJUR 21F. H	sed arte	erioscle  208. IF YES, WERIN CERTIFYING C	POSIS SEV	eral y
(This does heard foilur injury or control to the DISEASES rise to UNDERLY!  OTHER SIG TO THE DISEASE CO 19A. DATE  21A. ACCIE OR CONTROL DEATH (not 2) D. TIME OF INJURY (APPROX.)  22. 1 certi	LEADING TO DE.  not mean the mod re, astheria, etc. It m omplication which co  ANTECEDENT CAI  OR CONDITIONS, the abave cause NG CONDITION las  II  SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSI OF OPERATION 198. WAS  DENT WAS UNDERLY!! IBUTING CAUSE OF tify medical examine)  (Month) (Doy) (	ATH  e of dying, e.g., leons the disease, leons the	G E WHICH OPERATION  PLACE OF INJURY (e.g., lorm, foctory, street, lorm, street, lorm, foctory, street, lorm, foctory, street, lorm, foct	20A. AUTOP: NO , in or obout 21C. W office bldg., INJUR	sy? (Yes or No) (HERE DID Y OCCUR?  OW DID INJU	20B. IF YES, WERI IN CERTIFYING C	POSIS SEV	eral y
(This does heart foilur injury or control of the co	LEADING TO DE.  not mean the mod e, asthenia, etc. It m omplication which co  ANTECEDENT CAI  OR CONDITIONS, the abave cause NG CONDITION las  III  SNIFICANT CONDITION DEATH BUT NOT OF OPERATION IPB.  OF OPERATION (Mass  OF OPERATION (Month) (Doy) (  fy that (I) (this hose) I last saw the dece	ATH  e of dying, e.g., leons the disease, leons the	G E WHICH OPERATION  PLACE OF INJURY (e.g., lorm, foctory, street, lorm, street, lorm, foctory, street, lorm, foctory, street, lorm, foct	20A. AUTOP: NO in or obout 21C. W office bldg., INJUR 21F. H hile Sept. 1	SY? (Yes or No)  WHERE DID Y OCCUR?  OW DID INJU	20B. IF YES, WERI IN CERTIFYING C	POSIS SEV  E FINDINGS CONSID AUSES OF DEATH?  Ore City, give exact to	eral y
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(This does heard foilur injury or control of the DISEASES rise to UNDERLY!  OTHER SIGNOTHE DISEASE CONTROL OR CONTROL OR CONTROL OR CONTROL OR CONTROL OF INJURY (APPROX.)  22. I certification of the control of the control or contro	LEADING TO DE.  not mean the mode, asthenia, etc. It momplication which co  ANTECEDENT CAI  OR CONDITIONS, the abave cause NG CONDITION las  CONDITION LAST NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT LAST NOT DEATH BUT NOT LAST NO	ATH  e of dying, e.g., leons the disease, leons the	OUE TO  (B)  DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g. re, lorm, foctory, street, lord, street, lord, with the deceased from	20A. AUTOP: NO , in or obout 21C, W office bldg., INJUR 21F. H hite Sept. 1 19 View the body of	SY? (Yes or No)  WHERE DID Y OCCUR?  OW DID INJU  Ofter deoth.	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSID AUSES OF DEATH?  ore City, give exact le	eral y
(This does heard foilur injury or control of the co	LEADING TO DE.  Inol mean the mod e, asthenia, etc. It m omplication which co  ANTECEDENT CAI  OR CONDITIONS, the abave cause NG CONDITION las  II  SNIFICANT CONDITION DEATH BUT NOT DR CONDITION CAUSI OF OPERATION ING CAUSE OF this medical examines)  (Month) (Day) (  fy that (I) (this has te) last saw the declared from the causes  The Condition to the courses  The Condition to the course  The Condition to the	ATH  e of dying, e.g., leons the disease, leons the	OUE TO  (B)  DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g. re, lorm, foctory, street, lord, street, lord, with the deceased from	20A. AUTOP: NO , in or obout 21C, W office bldg., INJUR 21F. H hite Sept. 1 19 View the body of	SY? (Yes or No)  WHERE DID Y OCCUR?  OW DID INJU  Ofter deoth.	20B. IF YES, WERIN CERTIFYING C  (II in Baltimo	E FINDINGS CONSID AUSES OF DEATH?  ore City, give exact to	eral y
OTHER SIGN THE DISEASE OF INJURY (APPROX.)  21A. SIGNA  21A. SIGNA  23A. SIGNA	LEADING TO DE.  not mean the mode, asthenia, etc. It momplication which co  ANTECEDENT CAI  OR CONDITIONS, the abave cause NG CONDITION las  CONDITION LAST CONDITION CAUSE  OF OPERATION 198.  WAS  DENT WAS UNDERLY!!  BUTING CAUSE OF this medical examiner!  (Month) (Doy) (  fy that (1) (this has the decord from the causes the course of the cause of the ca	ATH  e of dying, e.g., leons the disease, leons the	OUE TO  (B)  DUE TO  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g. re, lorm, foctory, street, lord, street, lord, with the deceased from	20A. AUTOP: NO , in or obout 21C. Woffice bldg., INJUR 21F. H hite 219 7 view the body of thending 22D. ADDRESS	SY? (Yes or No)  /HERE DID /Y OCCUR?  OW DID INJU  2 19  ond that ofter deoth.	208. IF YES, WERI IN CERTIFYING C  (II in Baltimo	E FINDINGS CONSIDAUSES OF DEATH?  ORE City, give exact to  1-10-67  pinian death occur	eral y
(This does heard foilur injury or control to the DISEASES rise to UNDERLY!  OTHER SIC TO THE DISEASE CO 199A. DATE  21A. ACCIE OR CONTR DEATH (not 21D. TIME OF INJURY (APPROX.)  22. I certithat (I) (wond hour control to the DEATH (not 23A. SIGNA)  23C. PHYSIC NAME	LEADING TO DE.  not mean the mode, asthenia, etc. It momplication which co ANTECEDENT CAI  OR CONDITIONS, the abave cause NG CONDITION las  CONDITION LAST CONDITION CAUSE OF CONDITION CAUSE OF	ATH  e of dying, e.g., leons the disease, leons the	GE WHICH OPERATION  PLACE OF INJURY (e.g., lorm, foctory, sheet, lorm, l	20 A. AUTOP: NO in or obout 21 C. Woffice bldg., INJUR 21 F. H hile Sept. 19 View the body of thending X 23 D. ADDRESS 2431 Mar	SY? (Yes or No)  /HERE DID /Y OCCUR?  OW DID INJU  2 19  ond that ofter deoth.	20B. IF YES. WERING CHILD IN CERTIFYING COUR?  OF THE COURT OF THE COU	E FINDINGS CONSIDAUSES OF DEATH?  ORE City, give exact to  1-10-67  pinian death occur	eral y
(This does heart foilur injury or construction of the DISEASES rise to UNDERLY!  OTHER SIGNATE  21A. ACCIT OR CONTR DEATH (no)  21D. TIME OF INJURY (APPROX.)  22. I certification of the construction of the	LEADING TO DE.  not mean the mod e, asthemia, etc. It m omplication which co  ANTECEDENT CAI  OR CONDITIONS, the abave cause NG CONDITION las  CONDITION CAUSE  OF OPERATION 198.  CONDITION CAUSE  OF OPERATION 198.  (Month) (Doy) (198.  (Mon	ATH  e of dying, e.g., leons the disease, leons the	GE WHICH OPERATION  PLACE OF INJURY (e.g., lee, lorm, foctory, street, lee, lorm, foctory)  INJURY OCCURRED  ile At Not Wink At Work  he deceosed from	20A. AUTOP: NO in or obout 21C. Woffice bldg., INJUR 21F. H hile	SY? (Yes or No)  WHERE DID Y OCCUR?  OW DID INJU  Ond that ofter death.	208. IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDE AUSES OF DEATH?  The core City, give exact to the court of the c	eral y



FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1

	BALTIMORE CITY HEALTH DEPARTMENT 67 10841							
11		CERTIFICA	TE OF DEATH	Registered No.	07 10041			
1	.E. CASE NO. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH				
(T	ype or Print). Phelose Emma		11.	- 12 - 67	9=45 A.M.			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who		ution: residence before admission)			
	FULL NAME OF (If not in hospital or institut	ion, give street	Maryland To					
	HOSPITAL OR oddress or locotion) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
,	1, Lutheran Hospi	tal	D. STREET ADDRESS (If rurol, give location)					
17	of maryla.		1500 N. Pulaski Street					
	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years I lost birthday)	f Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min,			
	A. USUAL OCCUPATION (Give kind of work 10 B, KIN	orried D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF			
	one during most of working life, even if retired)	1100	Matt Po		WHAT COUNTRY?			
13	Unemployed FATHERS NAME	10000	14. MOTHERS MAIDEN NA	ME	USA			
	William Shall		maunge	Von La				
1.5 (Y	. Was Deceased Ever in U. S. Armed Forces es, no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	NO		CHARI					
	1B. 9/3 X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH			
1	DISEASE OF CONDITION DIRECTLY		0		0//2 . 9: /			
	(This does not meen the mode of dying,		PNEUMONIA		approx. 24 lily.			
	heart failure, asthenia, etc. It means the dise injury or complication which coused death.)				1.			
	ANTECEDENT CAUSES	(B)	BACTE RAE MICA		00 <b>00000000000000000000000000000000000</b>			
	DISEASES OR CONDITIONS, if ony, gi	Litaria I	.4 1 1	v = 0.8				
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C) 108	sily LEG L	ILCERS				
	II.							
2	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	JTING ON =	SITY					
ATIO	DISEASE OR CONDITION CAUSING IT.			V con to the				
Chairea	2 19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	ZUA. AUTOPST? (Tes of N	o) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	ES OF DEATH?			
000	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID	(If in Boltimore C	ity, give exoct locotion)			
-	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?					
100	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
12.0	(APPROX.)	While At Not While						
	22. I certify that (I) (this hospital) attended the deceased fram 11- (1- 19 b7 to 11-12- 19 67.							
	that (I) (we) lost saw the deceased alive							
	and haur and from the causes stated above							
	23A. SIGNATURE				B. DATE SIGNED			
	J. Auri	M.D. Atte	M.D. Attending Med. Stoff Phys. Director Phys.		11-12-67			
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS LUTHE	4 4 4				
	J. A212	M.D.	LUIME	RAN HUSP.	OF MD. BALTO. MOZIZIO			
24	AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMAJORY 24D.	LOCATION (City,	town, or countyl (State)			
	Burno 11-1667	Buth Mit	al	Balk	mel			
25	SA. DATE REC'D BY HEALTH DERTY 258 NA	ME OF REGISTRAL	25C, FUNERAL DIRECTO	R	ADDRESS			
	HOLY X 1001 COST		Ween ll	ulsan 1000 1	mantly by			
V	150-REV, 1/1/65							

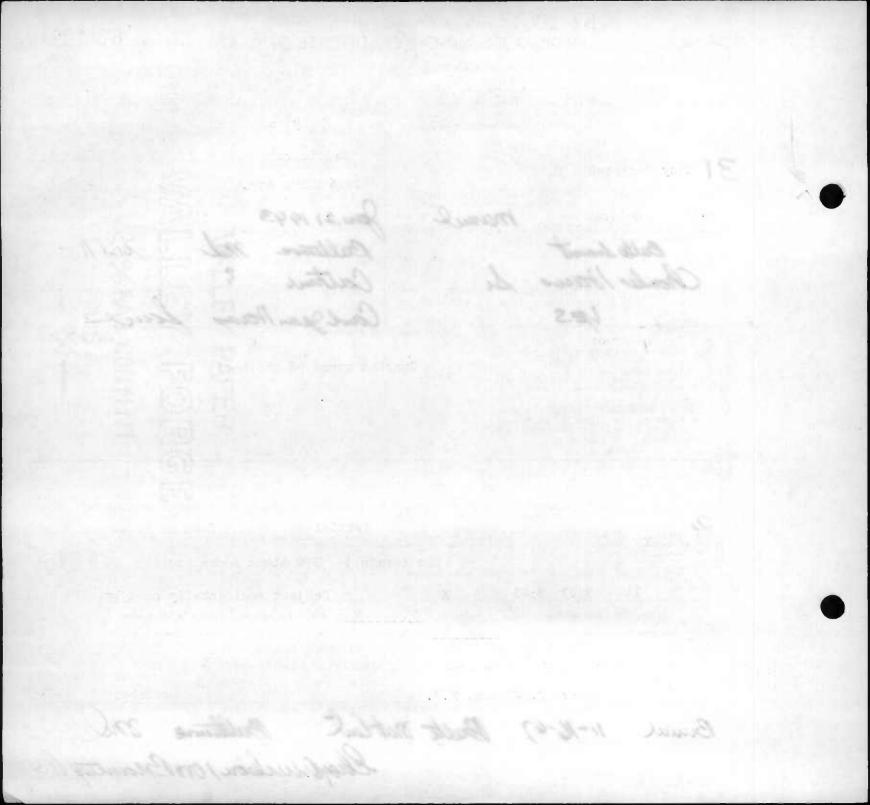
With Courtur

H-620

67 10842 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE

: Oh	DEATH	Registered No	UI	LUOS
- 01	PLAIII	registered ito.		

M.	E CASE NO.		MEDI	CAL LA	ATAIN VEICO	CERTIFICA		DEATH Wegist		
1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNCED DEAD						
CHARLES THOMAS HARRIS					November 11, 1967 10:00 a _{M.}					
3. F	LACE IN BALT			HERE PRONOUN	CED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If ins	stitution: reside	ence before odmission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT I	N HOSPITA	L OR INSTITUT	TON, GIVE STREET	C. CITY OR TO		e corporate limits, wri		give township)
3	City H	Hospital				D. STREET ADD	imore RESS (If rurol, Ilman Av			
5. S	EX	6. RACE		7. MARRIED, N	IEVER MARRIED	8. DATE OF BIRT		9. AGE (In years	If Under	1 Yr. If Under 24 Hrs.
N	Male	Colore	d	WIDOWED, DI	VORCED (specify)	(2	10.112	lost birthday)	Months D	Poys   Hours   Min.
_				108. KIND OF	BUSINESS OR INDUST	RYM/BIRTHPLACE	(State or foreig	n country)	12. CITIZEN	N OF
	e during most of					D. 114		m		COUNTRY?
13.	FATHER'S NAM	allo su	anil .			14. MOTHER'S M	ALDEN NAME	ma	M	4/1
	Chou	les 10	anus	, Se		Cath	eul	P		
15.1 (Yes	WAS DECEASE , no or unknown	O EVER IN U.	S. ARMED	FORCES?	6. SO CIAL SECURITY NO.	17. INFORMANT			APDRESS	
		1	1ES			( a. 00	100 11	P111	Ven	0.
	DISEAS	E OR CONE	DITION DIR	ECTLY		SE OF DEATH	of the	had p		INTERVAL BETWEEN ONSET AND DEATH
	(This daes r heart foilure, injury ar cor	not meon the asthenia, etc. mplication which	mode of It means th caused d	dying, e.g., the disease, leath.)	DUE TO	shot wound	i or the	nead		00 00000 0 000 00 00 00 00 00 00 00 00
NO	DISEASES RISE TO TH	NTECEDENT OR CONDITION E ABOVE CAN NG CONDITION	ONS, IF AI	NY, GIVING	(B)(C)	***************************************				
CERTIFICATION	TO THE	NIFICANT CO DEATH BUT R CONDITION	NOT REL	CONTRIBUTING	3					
	19A. DATE OF	OPERATION	198. CONI WAS PERF	DITION FOR W	HICH OPERATION	Partial		208. IF YES, WERE FIN CERTIFYING CAU		
V	21A, EXTERNAL UNDERLYING	CAUSE WA	2	218, PL	ACE OF INJURY (e.g. form, factory, street,	office bldg. INJUR	WHERE DID (	If in Baltimare City, g	ive exact lac	ation)
#	UTING CAU		ay) (Year)	etc.)		erminal 3		k Ponca Sti	reet	26-05
	OF INJURY (APPROX.)	11	9 67			WHILE			z shot	her reild bulle
	11 9 67 9:45 m. WHILE AT X NOT WHILE Subject accidentally shot by wild bulle serify that I held on Inquiry Inspection P. Autapsy X ond that on this bosis, death In my opinion									
	resul	ted from: No	oturol cou	ses Ac						
	resulted from: Notural causes Accident X Suicide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER									
	ACTUAL		Show	t-bits	E M.			-		DATE SIGNED
	EXAMIN NAME (	ER'S	dward	F. Wilso		ASSOCIATE M		AMINER	Jovenha	r 12, 1967
	BURIAL CREA	MATION, 238	DATE		NAME OF CEMETERY	or CREMATORY	23 D. LC		, town, or co	
-	Bun'ul	11	-16-	67	Bueto no	at Cent	0	Kelling	20	nd
24A	. DATE REC'D	BY HEALTH D	DEPT.	24B, NAME O	FREGISTRAR	24C FUNER	AL DIRECTOR	1	AD	DDRESS
		1 × 100	1-00	20	Es O. R.S.	Eliano	DULL	sou / 000	Bra	nelly les



R-200 BIRTH NO.

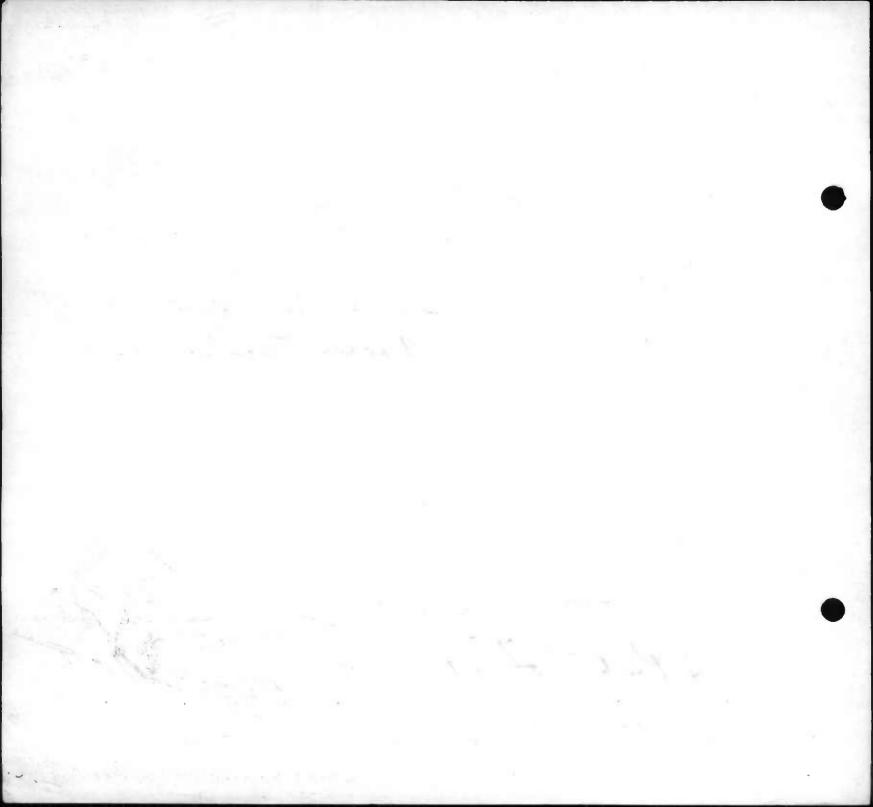
## 67 10843 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10843

DIK	H NO.	MILD	CALLX	AMINALK 3 CI		AILOI	DLA III Kegisie	100
	E CASE NO.							
1. I (Ty)	Print)						D HOUR PRONOUNCE	
			ROSS				ber 10, 1967	
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE	RESIDENCE (Where	deceased lived. If insti	tution: residence before odmission)
FUI	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION. GIVE STREET	P	laryland		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			C. CITY O	R TOWN (If autsid	e carparate limits, write	RURAL and give tawaship)		
1143					I	Baltimore		16-04
	4106 E	Fairview Ave.			D. STREET	ADDRESS (If rural,	give location)	1
	00				4	106 Fair	view Ave.	
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
F	emale	Negro	WIDOWED, D	OIVORCED(specify)		to dead	lost birthday)	Months Doys Hours Min.
			NA	Close OF INDUSTRY	11 PIDTUR	ACE (State or foreig		12. CITIZEN OF
don	e during most of	conting life, even if retired)	IND OF	BUSINESS OR INDUSTRY	BIKIMPL	ACE (State of foreig	in country)	WHAT COUNTRY?
		Houseult				Vac		MSN.
13.	FATHER'S NAW	20 1	1		14. MOTHER	S MAIDEN NAM	E	
	2	Clour Br	asters			unkno	u-	
	WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORM	ANT	4 4	ADDRESS
(Tes	, na ar unknawn	The yes, give way at dote	s of service	SECORITI NO.	Sin		11.1.	1
_	1B. /	100		0.411.65	Jun	vas J.	po vie	INTERVAL BETWEEN
	420	1.0.1		CAUSE	OF DEATH			ONSET AND DEATH
	DISEA	SE OR CONDITION DI		Arte	rioscle	rotic hea	rt disease	
	(This does	LEADING TO DEATH		(A)				
	heart failure,	(This daes not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.)							
	ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE							
		NG CONDITION LAST.	A IIIIO THE					
Z				(C)				
CERTIFICATION		11						
Š		NIFICANT CONDITIONS DEATH BUT NOT RE						
분	DISEASE O	R CONDITION CAUSING	G IT.				010111000111000000000000000000000000000	***************************************
兴	19A. DATE OF	OPERATION 198, CON		VHICH OPERATION	20 A. AU		IN CERTIFYING CAUS	NDINGS CONSIDERED
	0					No		
MEDICAL	UNDERLYING	L CAUSE WAS	21 B. P	PLACE OF INJURY (e.g., form, factory, street, c	in ar about 2	IC. WHERE DID	(If in Baltimore City, gi	ve exact lacation)
ă	UTING CAU	SE OF DEATH.	etc.)	ioni, lacially, shady c	old gay	TO KI OCCOK.		
Σ	21D TIME	(Month) (Day) (Yea	r) (Hour) 21	E. INJURY OCCURRED	2	F. HOW DID INJ	URY OCCUR?	
	OF INJURY	Trionin (sey)			WHILE			
			m. W					
	22.	tify that I held on I	nguiry	Inspection X Aut	opsy	ond that on th	is bosis, deoth in n	ny opinion
			(37)					
	resul	ted from: Natural co	USOS A	ccident Suicld			Undetermined monne	Br
	ACTUAL	(3/1 //	1, 1	1 . 1		F MEDICAL EX		DATE SIGNED
	SIGNAT		27.0	300 M.D.	ASSISTAN	T MEDICAL E	KAMINER X	
	EXAMIN	IER'S			ASSOCIA	TE MEDICAL E	XAMINER	11-10-67
	NAME (	/ 1		ngate, M.D.				
	MOVAL (Specify		230	. NAME OF CEMETERY	CREMATO	RY 23D. L	OCATION (City,	town, or county) (State)
	Bull	11-11	12	not Car how	. ( ). 1	4	1 Denable	in Mux
24	DATE REC'D	BY HEALTH DEPT.	24B NAME	OF REGISTRAR	24C. F	UNERAL DIRECTOR	000	ADDRESS
			A	8 E. Farburs	1	21	11	20 .0 /
		NOV 14 1967	Colore	a. C. dangain	1	hours 4	Klandon 1	mullatte.
VS	151-REV. 1/1/	65				700		200

Verbuse-Down 11-4457 Not Corkey Cate Brooklyn 12 Event below to Bream William

T	7_2	-
200	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner. (3) A fracture of any kind. (4) Undetermined cause: (5) Deceased (1)	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such deceased prior to death.
MPORTANT	r his assistant if death oc Nso, if the direct or cont of any kind (4) Undetern	ounced death was in reg
FUNERAL DIRECTOR: IMPORTANT	chief medical examiner o y a medical examiner. A Rody burne: (3) A fracture	the physician webular a
J.	must be approved by the released to the hospital by	was D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased prior contract to the deceased prior attendance on the deceased prior contract to the deceased prio
	This certificate the body was	was D.O.A. at deceased prior

	-	67 108	A A BALTIMORE CITY	HEALTH DEPARTMENT		67 10044
9		1 140.	CERTIFICA	TE OF DEATH	Registered No.	07 10044
	1.NA (Type	CASE NO. IME OF DECEASED OF Print)  ACE OF DEATH IN BALTIMORE, MARYLAND	Pit Kin (Pe	terKins No.		3 55 A M. M.
	FL HC	JLL NAME OF (If not in hospital or institution, OSPITAL OR address or locotion) ISTITUTION	, give street	A. STATE B. COUN		1
9	0	2000 Mc Kenn Ave		D. STREET ADDRESS (If	yore /S rural, give location) Kean Ave	-09
made.	5. SE	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs. Infhs Doys Hours Min.
ition is	done 3		tham Steel Co-	11. BIRTHPLACE (State or forei	50. N.C.	CITIZEN OF WHAT COUNTRY?
final disposition	(	STepheny Peter Ki	NS		ame Lton	ADDRESS
tingi	(Yes,	Vas Decembed Ever in U.S. Armed Forces? no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 217-69-3194	EUNICE L	F. Pater Kins	SAME
led or		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ou posis	interval Between onset and Death		
embalmed		(This does not mean the made of dying, e.g heart failure, asthenia, etc. It means the diseastiniury or complication which caused death.)	L, DUE TO	cong/ha		
are		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, givin rise la the abave cause (A) stating the	DUE TO			
remains	N C	UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO 1				
e the re		DISEASE OR CONDITION CAUSING IT.  19 A. DATE OF OPERATION 19 B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes ar No	208. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
betore	CALC	OR CONTRIBUTING CAUSE OF he	B. PLACE OF INJURY.(e.g., in ame, farm, factory, street, af c.)	n or obout 21 C. WHERE DID fice bldg., tNJURY OCCUR?	(If in Boltimore City	, give exact location!
ained	3 6	OF INJURY	Vhile At Not While At Work		URY OCCUR?	
be obt		22. I certify that (I) (this baspitol) attended that (I) (we) lost saw the deceased alive on	12/3	19 6 2 ond th	ot in(my) (our) apinion	deoth occurred on the dote
al must be o	2	ond hour and from the causes stated obove.	M.D. Atte	nding Med. Director	Staff Phys,	DATE SIGNED
approvalr		NAME (Type) J. Preston Gra				alto. Md-
ם	0	REMOVAL (Specify)	Balt ale	T. C.	~ · · ·	wn, or county) (Stote)
written	25A.	DATE REC'D BY HEALTH DEPT. 25B. NAME  NOV 1 4 1967 1 0 6	OF REGISTRAR	25C. FUNERAL DIRECTOR	1 /	ADDRESS COBrantley And
	V6 1	CO DELY 1 MUNE I SEE STATE OF THE SEE				-



6 . 1 1	
C-45	BIRTH NO.
and eath ased the	M.E. CASE NO.
- p e c	(Type or Print) COL
l in a hospital and ng cause of death cause; (5) Deceased attendance on the ior to death. Such	3. PLACE OF DEATH IN BALTIM
ed in a hospita iting cause of cause; (5) Dec r attendance o prior to death.	FULL NAME OF (If not in
a hos cause ise; (5) endanc	HOSPITAL OR oddress
ca ca	A C OCT STIP
ant ior	27 3900 Loc Baltimor
6 + 5 - 6 6	
if death occurred of or contribution of the contribution of the deceased proposition is made.	5. SEX 6. RACE
eath occur or contrib ndetermin s in regul deceased	Male Negro
th con	done during most of working life, even
or or driftig	Gang Leader
wa wa bos	13. FATHER'S NAME
ant if didicect direct (4) U ath was	James Coleman
Sistant the dirk kind; ( death ce on inal dis	15. Was Decoased Ever in U. S. (Yes, no or unknown) (If yes, give w
assistant if death occurred in if the direct or contributing ny kind; (4) Undetermined caude death was in regular after on the deceased prior or final disposition is made.	Yes 8/22/18
ECTOR: IMPORTANT  caminer or his assistant caminer. Also, if the dire  A fracture of any kind; (who pronounced death regular attendance on tre embalmed or final dis	18.162.1
or his Also, ee of a attended or med	DISEASE OR CONDI
- PA S S E E	(This does not mean the
R:	heart lailure, asthenia, etc.
IRECTOR: al examiner examiner. (3) A fractur an who pron in regular in sare embali	ANTECEDENT
O DEA 4 5 5	DISEASES OR CONDITIO
Reserved	rise to the above con UNDERLYING CONDITION
FUNERAL DIRECTOR: IMPORTANT roved by the chief medical examiner or his assistant if death occurred he hospital by a medical examiner. Also, if the direct or contributing nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined xcept where the physician who pronounced death was in regular attendance on the deceased publicatined before the remains are embalmed or final disposition is made.	11
A died	
FUNERAL DI roved by the chief medical he hospital by a medical y nature; (2) Body burns; xcept where the physicia and (6) No physician was btained before the remain	DISEASE OR CONDITION C
FUNE roved by the chie he hospital by a ty nature; (2) Body xcept where the and (6) No physic btained before th	19A. DATE OF OPERATION
by	U 2TA. ACCIDENT WAS UNDE
al th	OR CONTRIBUTING CAUS
k k k	DEATH (notify medical exami
hos attach (6	S OF INJURY
y n y n xce	22. I certify that M() (this
an the	that (II) (we) lost saw the
of of of all (hh);	and have and from the ca
ust becased dent deat deat must	23A, SIGNATURE
nust be a leased to cident of hospital o death)	1
E a a c a c a c a c a c a c a c a c a c	23C. PHYSICIAN'S
FUNERAL DIRECTOR: IMPORTANT  was released to the hospital by a medical examiner or his assistant if death occurred in a hospital and An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased L at a hospital (except where the physician who pronounced death was in regular attendance on the prior to death); and (6) No physician was in regular attendance on the acceased prior to death. Such approval must be obtained before the remains are embalmed or final disposition is made.	NAME (Type) Daniel
	24A. BURIAL CREMATION, 24B.
cert cody s: ()	REMOVAL (Specify)
This certif the body shows: (1) was D.O deceased	25A. DATE REC'D BY HEALTH D
This the show was dece	212114
	VS 150-REV. 1/1/850V 1 4

	OP A	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT		OF 400A	E	
BI RT	н но. 6/1	Registered No.	67 1084	J			
	. CASE NO.	CERTITON	TE OF DEATH				
{Typ	coleman, Erne	st O'Neal	November 12, 1967 1:30 P _M				
	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU Maryland		stitution: residence before o	dmission)	
1	ULL NAME OF (If not in hospital or institut OSPITAL OR oddress or location) NSTITUTION Veterans Administr		utside city limits, write	BURAL and give log nship			
	3900 Loch ,Raven Bl Baltimore, Marylar	D. STREET ADDRESS (I	f rurol, give location)				
0			1611 W. Faye				
5. \$	WIDO	NED, NEVER MARRIED (Specify)	8. DATE OF BIRTH 2/2/95	9. AGE (In years lost birthdoy) 62		Min.	
	USUAL OCCUPATION (Give kind of work 10B. KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF		
	Gang Leader  FATHER'S NAME  Beth	leham Steel	Washington,		U.S.A.	WHAT COUNTRY?	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
	James Coleman		Unknown				
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT Reco	nda	ADDRESS		
Ye	no or unknown) (If yes, give wor or doles of serv		11000		Pland Polto	Md	
	Yes 8/22/18 to 12/10/		V.A. Hosp. 390	U Loch naven	DIVU. DELTO.	THA .	
	1B. 162.1	CAUSE O	F DEATH		INTERVAL BETW		
	DISEASE OR CONDITION DIRECTLY	Presu	ned bronchogeni	.c carcinoma	011321 7110 04		
	LEADING TO DEATH	8 Mont	ths				
	(This does not mean the mode of dying,						
heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES (B)							
OUE TO							
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the (C)							
UNDERLYING CONDITION lost.							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
ERTIFICATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
U	27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exoct locotion)		
ICAL	DEATH (notify medical examiner)						
EDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
Σ	(APPROX.)	While At Work Not While At Work	e				
	00 1			19 67 to Nov	rember 12, 19	67	
	22. I certify that $m{X}$ ) (this haspital) attend						
	that (X) (we) lost saw the deceased alive	on November 12,	19 <u>67</u> and 1	that in (My) (our) api	nian death accurred an	the date	
	and haur and from the causes stated above	e. 理) (We) (did) 和超级的	iew the body after death				
-	23A, SIGNATURE				23B, DATE SIGNED		
	1000		ending Med.	Stoff	11-12-67		
	James C. H.	allex Phy	s. Oirector	Phys.			
	Daniel C. Hadlog		V.A. Hosp. Balt	cimore, Md. 2	21218		
24	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY or CRI	MATORY 24D.	LOCATION (Ci	ity, town, ognocounty)	(Stote)	
	REMOVAL (Specify)	1.1	1	Ball-	nail		
-	June 11+76)	well not	if a	race 1	1710		
254	. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS		
	NOV 1 4 1067 A 0	e C To D. HA	Ele OWn	bur un Blo	colly les		
VS	150-REV. 1/1/8801 2 4 1301 (166)		1 1 1	7			

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VS 150-REV. 1/1/65

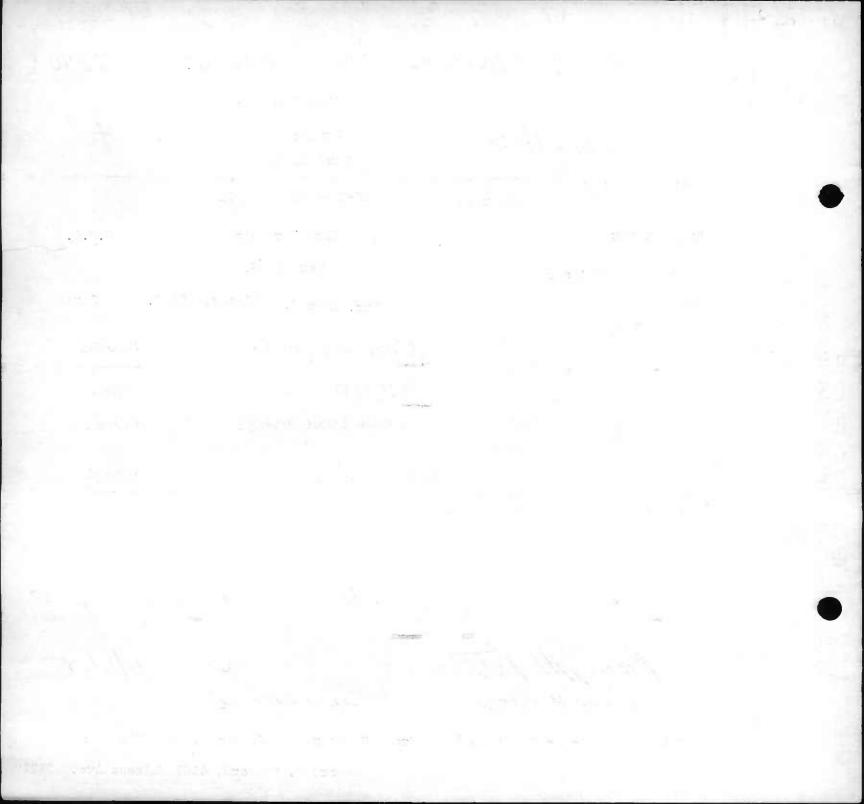
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	OF 400	BALTIMORE CITY	HEALTH DEPARTMENT		67 10846			
	BIRTH NO. 67 10846 CERTIFICATE OF DEATH Registered No.							
	M.E. CASE NO.  1. NAME OF DECEASED			D HOUR OF DEATH				
	(Type or Print) BOCCHIARDO, CHARL	ES	NOVEN	MBER 12, 19	967 7:45Am.			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If inst	itution: residence before admission)			
	FULL NAME OF (If not in hospital or institution,	ava street		230				
	HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outs	side city limits, write RU	JRAL and give townshipt			
	ST. AGNES HOSPITA		BALTIMORE		20-07			
	40 CATON & WILKENS A			urol, give location)				
ė	BALTIMORE, MARYLA		1611 PARKMAN					
maa maa	WIDOWE	D, DIVORCED (specify)		ost birthday)	Months Doys Hours Min,			
S	MALE WHITE WIDO		11-17-93	73				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND Of			gn country)	12. CITIZEN OF WHAT COUNTRY?			
-	dens during most of working life even if relired)  REST	AURANT	ITALY		U. S. A.			
bos	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E				
disb	Unknown		Unknown					
0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS			
TING	YES W. W. 1	16. SOCIAL SECURITY NO. 214 01 5392	ST. AGNES HO	SPITAL REC	CORDS			
10	18. / 10 X	CAUSE O	F DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	N.	01.1		ONSET AND DEATH			
Ē	LEADING TO DEATH	(A) Kelle	al failure		2002 <b>46</b> 2002 20020 20020 20020 20020 20020 20020 20020 20020 20020 20020 20020 20020 20020 20020 20020 20020 20020			
0	(This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the diseose,							
mbalmed	injury ar complication which coused death.)	acut	ex Phoneis Pres	love which				
0	ANTECEDENT CAUSES	DUE TO	Control of	Jeans				
0 0	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the	Collstantion pay Bening Prostotic						
	UNDERLYING CONDITION lost.	(0,000	Hyperthophy.	•				
before the remains	- II		11					
6	TO THE DEATH BUT NOT RELATED TO TH	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
9	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	[20A. AUTOPSY? (Yes or No)	20B. IF YES WERE FI	NDINGS CONSIDERED			
-	WAS PERFORMED		yes-	IN CERTIFYING CAU	SES OF DEATH?			
0	U 21A. ACCIDENT WAS UNDERLYING 218	L PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exact locotion)			
e l	d DEATH (notify medical examiner) etc.		ffice bldg., INJURY OCCUR?					
	O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
ained	₩ OF INJURY (APPROX.)	hile At Not While						
0	Wo			. CZ NOVE	(DED 19 67			
0	22. I certify that (X(this hospital) attended t							
O	that XI) (we) last saw the deceased alive an		•	it in(my) (aur) apini	ian death accurred an the date			
121	and havr and fram the causes stated above. \$23A, SIGNATURE	10 (Me) (qiq) (q(q/n/e) v	riew the bady after death.					
Ē	23A. SIGNATURE	M.D. Atte	ending Med.		23 B. DATE SIGNED			
5	sugamon prepr	Phy		Stoff Phy s.	11-12-61			
0	23C. PHYSIO AN'S NAME (Type)		CATON & WILKE	NS AVES				
dd	ALEJANDRO MEJIA	M.D.	BALTIMORE, MO	21229				
ten approval must	24A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C.N	AME of CEMETERY of CRI	EMATORY 24D. LC	CATION (City	, town, or county) (Stote)			
9	Burial 11/15/67 Ba	ltimore Nation	nal Cemetery	Baltimore	Md.			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME (	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			

Howard H. Hubbard, 4107 Wilkens Ave. 21229

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BIRTH NO.  M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF (If not in hospital or institution, give street)  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  2. DATE AND HOUR OF DEATH  72 40  M. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  West Virginia						
1, NAME OF DECEASED CRED WILLIAMS  2. DATE AND HOUR OF DEATH  (Type or Print)  2. DATE AND HOUR OF DEATH  72 40  M  3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY						
A. STATE B. COUNTY						
FULL NAME OF (If not in hospital or institution, give street West Virginia						
HOSPITAL OR oddress or location)  C, CITY OR TOWN (If outside city limits, write RURAL and give township)						
SINM HOSP  Cornstalk  D. STREET ADDRESS (II rural, give location)						
D. STREET ADDRESS (II rurol, give location) Rural Route						
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)  Divorced  7. MARRIED, NEVER MARRIED B. DATE OF BIRTH (lost birthday)  10-24-1895  9. AGE (In years lift under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.						
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?						
Truck Driver West Virginia U.S.A.						
13. FATHER'S NAME						
John Williams Martha J.						
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS						
No No SECURITY NO. Mrs. Lulu G. Williams, 621 S. 48 Street						
18. CAUSE OF DEATH INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) CARCINOMA OF CUNG MONTHS						
heart foilure asthering all the mone to dying, e.g.,						
injury or complication which coused death.)  YEARS						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C) CHRONC LUNG DISEASE YEARS						
UNDERLYING CONDITION losi.						
Z OTHER SIGNISICANT CONDITIONS CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  (D) CIRRHOSIS  YEARS						
194. Date of Operation 198. Condition for which Operation 204. Autopsy? (Yes or No) 208. If Yes, were findings considered in Certifying Causes of Death?						
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact lacotion) home, lorm, lactory, street, office bldg., DEATH (notify medical examiner)						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
(APPROX.)  While At Work  At Work						
22. I certify that (4) (this hospital) attended the deceased from 10/21 19 67 to 11/11 19 67						
that (!) ( last saw the deceased alive on 11/11/67 19 and that in (my) ( applican death occurred on the date						
and haur and fram the causes stated abave. (1) ( (dld) ( die view the bady ofter death.						
23A. SIGNATURE						
Been Med. Stoff Director Phys. Director Phys. 2 1/1/167						
23C. PHYSICIANS NAME (Type)  RAPPH M PATTERS M.D. SIMPH HASPITME						
24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)						
Burial 11-15-67 End of the Trail Cemetery Samblack, West Virginia						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS						
NOV 1 4 1967 P. O. S. E. Faller Howard H. Hubbard, 4107 Wilkens Ave. 2122						



FUNERAL DIRECTOR: IMPORTANT	-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	· June
Written approval must be obtained before the remains are embalmed or find disposition is more.	

	H NO.	67	1084	8 CERTIFICA			Regist	ered No	67 108	348
1. N	AME OF DECI			STUMPFEL)	V		ND HOUR O			0
	~	DORMAN M		IARIE	TA LICUAL BEST		Nou		stitution: residence be	· H · M
3. P	LACE OF DEA	TH IN BALTIMORE, MA	KILAND		A. STATE	B. COUI	NTY	nved. If ins	ginonon; residence be	nore oums sion)
	ULL NAME O			grve street	MARY					
	NSTITUTION	address or lacation	1)					nits, write R	URAL ond give tow	ship) 7 2
5	CHURCH	HOHE A	NO HO	OSDITAL	D. STREEY ADD	TIMO		acotion)		-0
		BALTIH	04111112	222		Hadi				
5. S	EX	6. RACE		NEVER MARRIED  D, DIVORCED (specify)	B. DAYE OF BIRY	Н	9. AGE (In lost birthday	y eors	II Under 1 Yr. If Months Doys Ho	Under 24 Hrs.
1	female	white		dowed	11-24-8	1	85			
			108 KIND OF	BUSINESS OR INDUSTRY	11. BIRYHPLACE	(State or for	eign country)		12. CITIZEN OF WHAY COUNT	TRY?
don	Housew	working life, even il retired)	at l	home	AUSTRIA	HING	ARV			S. A.
13.	FAYHER'S NAM				14. MOYHER'S A					
	TOTAL TE	DAFRATALTANA,	ADCIDAT	TTC		lene				
16		RAFOXING KI		TTS		known		1. 22.2	ADDRESS	
		of yes, give wor or date		SECURITY NO.	17. INFORMANY				•	21218
				217-48-9471 I	Josep	h M.	Stump	fel,	son,	
	18. 169	3 X I		CAUSE O	FDEATH				INTERVAL ONSEY AN	BETWEEN ND DEAYH
	DISEAS	E OR CONDITION DIE	RECTLY		n		6			
	/mt : 1	LEADING TO DEATH		(A)	Preumos	ria	100		Jew as	wer
		ol mean the made of asthenia, etc. It means		DUETO			/		0	
injury ar camplication which caused death.)										
	ANTECEDENT CAUSES  (B)  DUE TO									
	DISEASES OR CONDITIONS, if any, giving									
		a bave cause (A) G CONDITION last,	stoting the	(C)						
N	OTHER SIGNI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
ATION		EATH BUT NOT RELA	min;	HSEC	D					
		OPERATION 198 CON	DITION FOR		20A. AUTOPS		o) 20B. IF Y	ES, WERE F	FINDINGS CONSIDER	RED
ERTIFIC	0	WAS PER	FORMED				III CERII	PING CAL	USES OF DEATH:	
CE	21 A. ACCIDE	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	or obout 21 C. W	HERE DID	(11	in Boltimore	City, give exact loc	cotion)
AL	DEATH (notily	JTING CAUSE OF medical examiner)		etc.)		bidg., INTO KI OCCO K.				
DIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 £	. INJURY OCCURRED	21 F. H.C	W DID IN	JURY OCCU	IR?		
ME	OF INJURY			nile At Not Whil						
	(APPROX.)		Wo	OFK AT WORK			1	11-11		
	22. I certify	that (+) (this hospital	l) attended t	he deceased from 23	" Octo	Den	19 67	. 13"	Nov	
	that N (we)	lost sow the decease	ed olive on	13 th Nev	1967	ond t	hot in ( vex)	(our) opin	nion deoth occurre	ed on the dote
	ond haur one	d from the causes sto	ted obove. K	() (We) (did) ( <del>did not</del> )	lew the body o	fter deoth.				
	23A. SIGNAYL								238. DATE SIGNED	
Sallin m han M.D. Al				ending A	Aed.	Stoff Phys		11-13	-67	
	23C. PHYSICIA	N'S	· Up	Phy	23D. ADDRESS	Pirector	Phys.			
	NAME (Y		An	1		P	411	-		
		.Kodel10	M.	LIN M.D.			1111			
24/	REMOVAL (	MATION, 248, DATE Specify)	24C. N	AME of CEMEYERY of CR	EMATORY	24D.	LOCATION	(Ci	ty, town, or county)	(Stote)
	Burial		167 Wo	odlawn Ceme	tery	I	Voodla	wn. M	1d.	
25/	A. DAYE REC'D	BY HEALYH DEPY.	25B. NAME	OF REGISTRAR					ome, Inc.	ESS
	1	IOV 1 4 1967	P. D. A	E, FarberMA			ehms L		yme, IIIo.	
VS	150-REV. 1/1/		WILD TO STATE OF		3.70		PATRIC L			

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CHARLES MADE WARD HOLPSTRE DROM IT-ME

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	death occurrects or contribution of Undetermined vas in regular te deceased prosition is made.
IMPORTANT	Also, if the directore of any kind; (4) conounced death we attendance on the almed or final dispe
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurrect the body was released to the hospital by a medical examiner. Also, if the direct or contributi shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be approve the body was released to the h shows: (1) An accident of any no was D.O.A. at a hospital (excel deceased prior to death); and written approval must be obtai

100	1 -1	OFT 400 40 BALTIMORE CIT	TY HEALTH DEPARTMENT Registered No. 67 10849	
AN	- 630	BIRTH NO.  M.E. CASE NO.  67 10849 CERTIFICA	ATE OF DEATH Registered No. 07 10849	
	pital and of death Deceased ce on the ath. Such		2. DATE AND HOUR OF DEATH	· /-
	Sade	1. NAME OF DECEASED (Type or Print) JOUQUIN MARTI	NOV 11-1967 63	a M.
	hospital use of c (5) Dece lance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before of A, STATE B, COUNTY	dmission)
	10	FILL NAME OF ALCOHOLOGICAL CONTRACTOR	MARYLAND	
		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)	0.7
		714 N. MILTON AVE	BALTIMORE 7-6	16
	ting d cau r atte r atte	00 BALTIMORE MD 21205	D. STREET ADDRESS (If rurol, give location) 714 N. MILTON AVE	
_	2000	S, SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9, AGE (In years If Under 1 Yr. If Under 1 AN. 11, 1901   Instrumental Instrume	er 24 Hrs. Min.
	occur ontrik ermin regul eased is ma	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	66	
	if death rect or co (4) Undeto was in the dece sposition	done during most of working life, even if retired)	SPAIN WHAT COUNTRY? Spain	
	osi de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		?	MARIA?	
Z	stant le dir ind; ( eath e on	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS	
7	ssistant the di tkind; death nce on final di	(Yes, no or unknownf (If yes, give wor or dotes of service) SECURITY NO.	Raul Marti, son, above	
IMPORTAN	TOOL TO	18. CAUSE	OF DEATH INTERVAL BETW	
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••		(This does not mean the mode of dying, e.g., DUE TO heal failure, asthenia, etc. It means the disease,		
K	ner. actu pro ular mba	injuly of complication which caused death.)	actases in large.	
Ĕ	A fr	ANTECEDENT CAUSES  (B)  DUE TO		8. 00 v400 00 00 000 0
H	X X X X X X X X X X X X X X X X X X X	DISEASES OR CONDITIONS, if any, giving use to the above couse (A) stoling the (C)	actasis in large.	
DIRECTOR:	an sir	UNDERLYING CONDITION lost.		
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Z	med ned phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
UNERAL	hief medical a medical sody burns; he physicia sician was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  194. Date of operation 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 8. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
5	U - M - > 0	W C	, in or about 21C. WHERE DID (Iff in Boltimore City, give exact location)	
LL.	the al by; (2) ; (2) here lo ph	OR CONTRIBUTING CAUSE OF home, foctory, street, etc.)	office bldg., NJURY OCCUR?	
	<b>J</b>	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	roved ne hos y nati xcept ind (6	VVOIK AT VVO		67
	0 = = 0	22. I certify that (I) (this hospital) attended the deceased from	19 67 and that in (my) (our) apinion death occurred on	
	5524		_	the dote
	ust be a based to dent of ospital death) must be	and hour and from the causes stated obove. (1) (We) (did) (did not)	238, DATE SIGNED	
	2005	RALAUTANINI M.D. A	Attending Med. Stoff Nov 11 2	-7
		23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS	-
	This certificate the body was r shows: (1) An awas D.O.A. at deceased prior written approv	RAFAEL A. SANTAYANA M.	6010 Eastern Are, Ballo - Mu	d
	44 - 44	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
	body ws: (I b.O ease	BURIAL 11/11/67 MOST HOLY RED	EEMER CEM. BELAIR 2D, BALTO. MD.	
	This certif the body shows: (1) was D.O./ deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTEAR	25C. FUNERAL DIRECTOR LITTOR WAME ADDRESS	
	This the showard was	NOV 14 1967 Robert E. Farley M.S.	SCHIMUNEL FUNELAL HOME ADDRESS 2601-03-05 E. MADISON S.	7.
		VS 150-REV. 1/1/65		

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	sapproved by the chief medical examiner or his assistant if death occurred in a hospital and	I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
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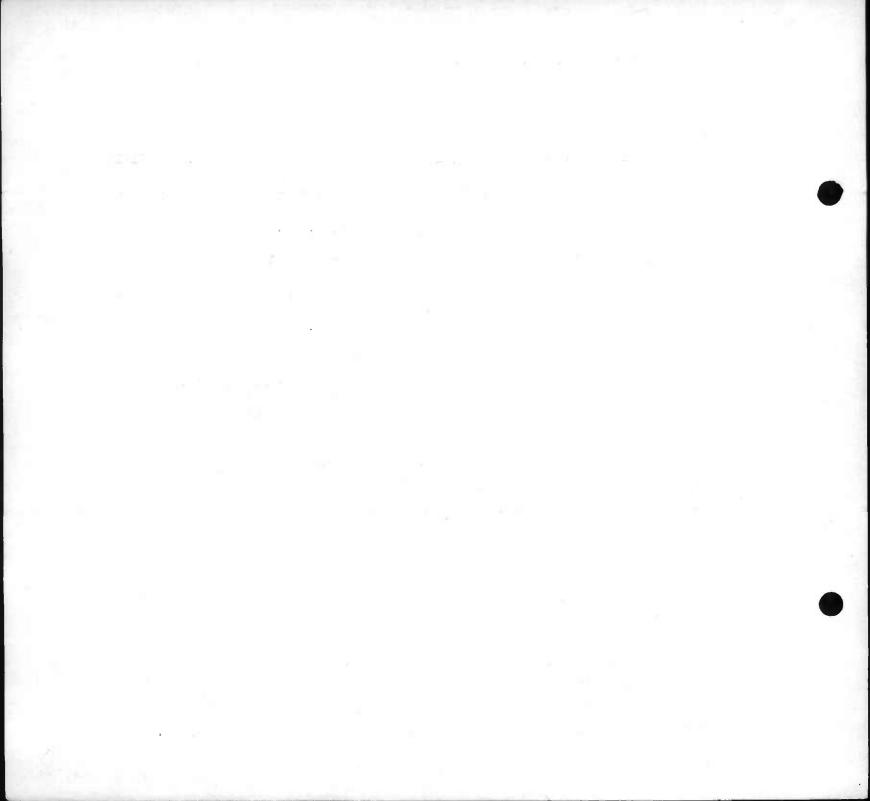
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where the physician

BALTIMORE CITY HEALTH DEPARTMENT 67 10850 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Drake November 10, 1967 Anna Truitt 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location C. CITY OR TOWN (If outside city limits, write RURAL and give townsh Bal timore 3404 Parkington Avenue (If rurol, give location) 3404 Parkington Ave. Baltimore, Maryland 21215 21215 made. 6. RACE 7. MARRIED, NEVER MARRIED R. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 24 Hrs. Hours Min. If Under 1 Yr. Widowed (specify) Months: Doys Hours May 18, 1884 Female White 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Housewife York, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Truitt Samuel Ida 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Miss Margaret Drake same address CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoting the UNDERLYING CONDITION last. mains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date ond haur ond from the couses stated above. (1) We) (did) (d<del>id not</del>) view the body after death. must 23A, SIGNATURE 23 B. DATE SIGNED Attending 1RGES Med. M.D. FRANCIS approval Phys. Director 23 C. PHYSICLAN'S 23 D. ADDRESS NAME (Type) deceased written ap REMOVAL (Specify) 11/14 24D. LOCATION (City, town, or county) Pikesville, Md. Druid Ridge Cemetery

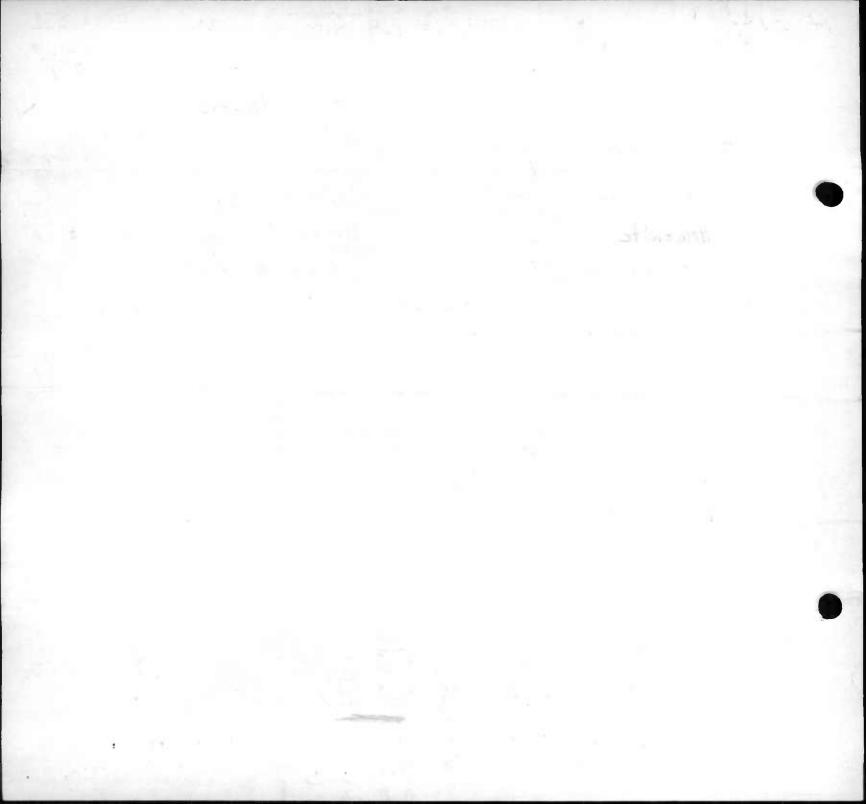
25C. FUNERAL DIRECTOR



VS 150-REV,-1/1/65

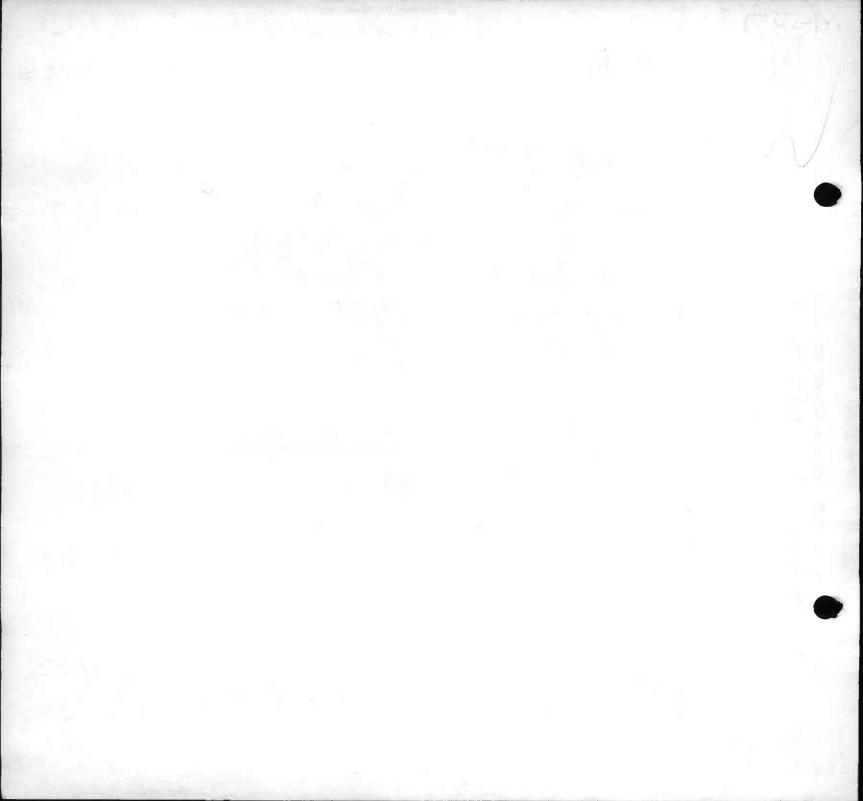
1		HEALTH DEPARTMENT	67 10851					
	MRTH NO. 67 10851 CERTIFICA	TE OF DEATH Regis ered No.	0, 10001					
	M.E. CASE NO.	2. DATE AND HOUR OF DEATH	420					
	Type or Print) MARGARET A. HATFIELD	Aprilamber 10 196	7 1 5 P M.					
	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institu						
H	FIGURE STATE OF THE STATE OF TH	MAD 11						
	FULL NAME OF (If nat in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
	INSTITUTION	2:50on 63-00						
7	& Conversely Hospital	D. STREET ADDRESS (If rurol, give locotion)						
5	g market							
BBE	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED (WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Under 1 Yr. If Under 24 Hrs. onths! Days Hours Min.					
	F W	11/11/1875 21						
	10A, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BFRTHPLACE (State ar fareign county)	2. CITIZEN OF WHAT COUNTRY?					
aisposition	Housewife	Manfland	U.S.A.					
2	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
2	Fulley Wright	Mand Wa Arold						
- 11	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANY	ADDRESS					
9	Yes, no or unknawn) (If yes, give war ar dotes af service)  SECURITY NO.	Du dial &	surd.					
	No 214-28-5813	IF DEATH	INTERVAL BETWEEN					
5	DISEASE OR CONDITION DIRECTLY	1 2 2 . 0	ONSET AND DEATH					
B	LEADING TO DEATH	monant Imbolion	11/2/67					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		4711/10/69					
empai	injury ar camplication which coused death.)		11010					
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OLD	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C)							
	UNDERLYING CONDITION last.							
before the remains								
E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
9	DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FIN	DUNCT CONTINUED					
	E AL D RIT WAS PERFORMED 1	IN CERTIFYING CAUSE	S OF DEATH?					
ore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or about 21C, WHERE DID (If in Boltimore C	ty, give exact location)					
6	OR CONTRIBUTING CAUSE OF home, form, factory, street, a DEATH (natify medical exominer)	ffice bldg., INJURY OCCUR?						
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0			n death occurred on the dote					
must	and hour and from the causes stated above. (1) (We) (did) (dld nat) v		8, DATE SIGNED					
	4 12 MILLS MO AH	ending Med. Stoff	11-1 9/2					
5	Phy 23 C. PHYSICIAN'S	23D. ADDRESS	180,10 170					
0	NAME TYPE YOUNGSIX MOON M.D.	11 mits Herpit	al					
9	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Umm 3	town, or county) (Stote)					
	REMOVAL (Specify)	77 7 0	24.2					
2	Burial 11/13/1967 Jennings Cha	nnel Howard Co.	Md.					
минтеп арргоуан	MBV I'M 1907 Of Celo E. Farleyna	C. M. Waltz Box 241 St						

Waltz 241 Fox Sykesville,



M.E. CASE NO.	KIIFICATE OF DEATH
1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
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W I PUCE AL DEVILL HE BURLIMOKÉ WAKIPAND	A. STATI B. COUNTY
FULL NAME OF (If not in hospitot or institution, give stree oddress or location)	Workow
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	D. STREET ADDRESS , Alf rurol, give becomen)
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lested to the second	I last me have
15. Was Decembed Ever in U. S. Armed Forces?	
(Yes, no or unknown) (If yes, give wor or doles of service)	RITY NO.
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Z CONTRICTOR	
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U 19A DATE OF OPERATION 19B CONDITION FOR WHICH O	
WAS PERFORMED	IN CERTIFYING CAUSES OF DEA
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	FINJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give ex octory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	4
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY	
(APPROX.) While At Work	Not While 1 At Work
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and haur and fram the causes stated above. (1) (We) (	id) (did nat) view the bady after death.
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23C PHYS CIAN'S NAME (Type)	23D. ADDRESS
John Win Eckhor	M.D. Mill of Mid Hoor to)-
24A. BURIAL GREMATION, 24B. DATE 24C NAME of PREMOVAL (Specify)	METERY OF CREMATORY 240. LOCATION (City, town, or co
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PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Whe		titution: residence befare admissia
FULL NAME		ar institution, give st	treet	Hd.		9.4.Co.
INSTITUTION	oddiess of Igeone			BALTIMORE	Iside city limits, write RI	URAL and give tawnship)
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F	6. RACE	7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 56485.	(f Under 1 Yr. If Under 24 H Months Days Hours Min.
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	OR CONDITIONS, if the above cause (A)		45			
	NG CONDITION last.	stating the	(C)	************************************		
≧ TO THE	II  NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO THE				
19A. DATE C	OF OPERATION 198. CO		OPERATION	20A. AUTOPSY? (Yes or N	0) 20B. IF YES, WERE FI	INDINGS CONSIDERED
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OR CONTRI	BUTING CAUSE OF	hame, torr	m, foctory, street, a	ffice bidg., INJURY OCCUR?	tir in politingre	City, give exact locotion)
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OF INJURY		While At	Not Whi			
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4h = 4 (1) (	fy that (I) (this hospiton) e) last saw the deceas	ol) attended the de	11/13			ian death accurred an the de
						lian death accurred an the de
23A. SIGNAT		A Charles	(dia) (dia har)	view the bady after death.		23B, DATE SIGNED
	J. Que	<u>J</u>	M.O. Att	ending Med.	Stoff Phys.	11/13/67
23C. PHYSIC NAME	Type) F. QUER	AL	M.O.	230. ADDRESS LUTHE	RAN HOSE	PITAL
24A. BURIAL OF			S CEMETERY OF CR	EMATORY 240. L	OCATION (City	y, tawn, ar county) (Stote)
REMOVAL	Specify)	117	Lahr C	um 1)	12	Secret Secret
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF REC	GISTRAR	25C FUNERAL DIRECTO	R	ADDRESS
	NOV 1 4 1967	//	Farley MA	11/1/0/1/1	737 TA	TABSED CEL
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F. QUEIRAL

LUTHERAN HOSPITAL

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	67	10855	BALTIMORE CITY	HEALTH DEPARTMEN	T	67 10855
BIRTH NO.	07	TOOOO	CERTIFICA	TE OF DEATH	H Registered Na	10000
M.E. CASE NO.			OEKTII TO		E AND HOUR OF CEATI	- 4
		ORGE	16. 1	/ 2. DATI	E AND HOUR OF CEATI	. 7
3. PLACE OF DEATH	-		Harolo	The Manager of the Control of the Co	11/67	institution: residence before odmission)
S. PLACE OF DEATH	IN BALTIMORE, MARI	LAND		A. STATE B. C	OUNTY	institution; residence before odmission;
FULL NAME OF	(If not in hospital or	institution, give	street	DA		
HOSPITAL OR	oddress or location)	24		C. CITY OR TOWN	If outside city limits, write	RURAL ond give township)
1113111011011	USPITS		8 PITTAL	WILL	IAMS PORT	- V-35
20	BALTIM	ORR	Md.	D. STREET ADDRESS	(If rurol, give location)	
0 8	0 , ,			RD# 2	Box	309B
6. R	ACE 7	. MARRIED, NEV		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
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one during most of worki				7 A	roleigh country)	WHAT COUNTRY?
RET. 2.	NGR.		-	PA.		USA
3. FATHER'S NAME				14. MOTHER'S MAIOEN	NAME	
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5 Was Decensed Fun	in U. S. Armad Fara	22 114	SOCIAL	MYRA	HOUSE	ADDRESS
	r in U. S. Armed Force yes, give wor or dates	of service)	SECURITY NO.	W. HALOKIANAHAI		. ADDRESS
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DISEASE OR CON	H BUT NOT RELAT					
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	WAS PERFO	DKMED		VES	IN CERTIFFING C	AUSES OF DEATH?
	VAS UNDERLYING	21 B. PLA	CE OF INJURY (e.g., i	n or obout 21C. WHERE DI	ID (If in Boltime	ore City, give exoct location)
OR CONTRIBUTING	G CAUSE OF	home, fe	orm, loctory, street, o	ffice bldg., INJURY OCCU	R?	
)	onth) (Doy) (Yeor)	(11 ) (2) 5 1011		015 110 11 01		
OF INJURY	onthi (Doy) (Teon	While A	URY OCCURRED Not While		NJURY OCCUR?	
(APPROX.)		Work	At Work			
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						pinian death accurred an the da
	m the causes state	d abave. (I) (W	e) (did) (did nat) v	view the bady after dec	ath.	
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23C. PHYSICIAN'S		- Just		23D. ADDRESS		
NAME (Type)		PELAZA	A.D.	USPHS	HOSPITAL	BACTINORIE
MICHAR	EL R. 1	ELCZA	1			
REMOVAL (Speci		24C, NAME	of CEMETERY OF CR	EMATORY 24	D. LOCATION	City, town, or coeff (Stole)
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SA. DATE REC'D BY	HEALTH DEPT. 2	25B. NAME OF R	EGISTRAR	250. UNERAL DIREC	CION .	AODRESS
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hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. Such cause; (5) Deceased death M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 30 Ford Sulveste NOV 12, 196 (Type or Print) ПО 4 eath. of 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance B. COUNTY Maryland contributing cause (If not in hospital or institution, give sheet FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend INSTITUTION man rutol, give location D. STREET ADDRESS pr is made. (4) Undetermined regular 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. eceased WIDOWED, DIVORCED (specify) Months: Doys Hours M Oct 19, 21/19/-1 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working lite, even if retired) Maryland U.S.A. 10× 9-9-00-11 au 14. MOTHER'S MAIDEN NAME the (D) Gretta McGuigan Harry G. Ford death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ance Perryman, Maryland Yes L. Keith Ford, any CAUSE OF DEATH 18. INTERVAL BETWEEN 0 attend ONSET AND DEATH pronounce DISEASE OR CONDITION DIRECTLY balmed fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, 0 injuly at camplication which coused death.) to ribs + live 5 ANTECEDENT CAUSES who O 9 4 DISEASES OR CONDITIONS, if ony, 3 rise to the obave cause (A) stoling the physician before the remains UNDERLYING CONDITION last. Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFICATION physician Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the WAS PERFORMED Sept 7, 1967 WAS PER NO ACS IN NECK - BIOPSY NO BLOCK - BIOPSY NO BLO (7) (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF °Z to the hospital DEATH (notify medical examiner) nature; MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) At Work and any 22. I certify that (I) (this hospital) attended the deceased from .. that (I) (we) lost saw the deceased alive on 111 ond that in (my) (our) opinion death occurred on the date eath) hospital accident of and hour ond from the couses stated above. (1) (10) (did) (did not) view the body ofter death. body was released must 23A. SIGNATURE 23B. DATE SIGNED O Atlending & prior to Director Phy s. approval 0 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type at (1) An 11795/ fau 5,6, 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, lown, or county) 0.0 REMOVAL (Specify) Harford Maryland 15 Nov. 67 Bel Air Memorial Gardens Bel Air shows: Burial Mas 258. NAME OF REGISTRAR ADDRESS Jake Mil Funeral Home, Aberdeen, Maryland VS 150-REV, 1/1/65

To sheen that Removal history 719-56-1421

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Market and Market and American State of the State of the

67 10857 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67 10857

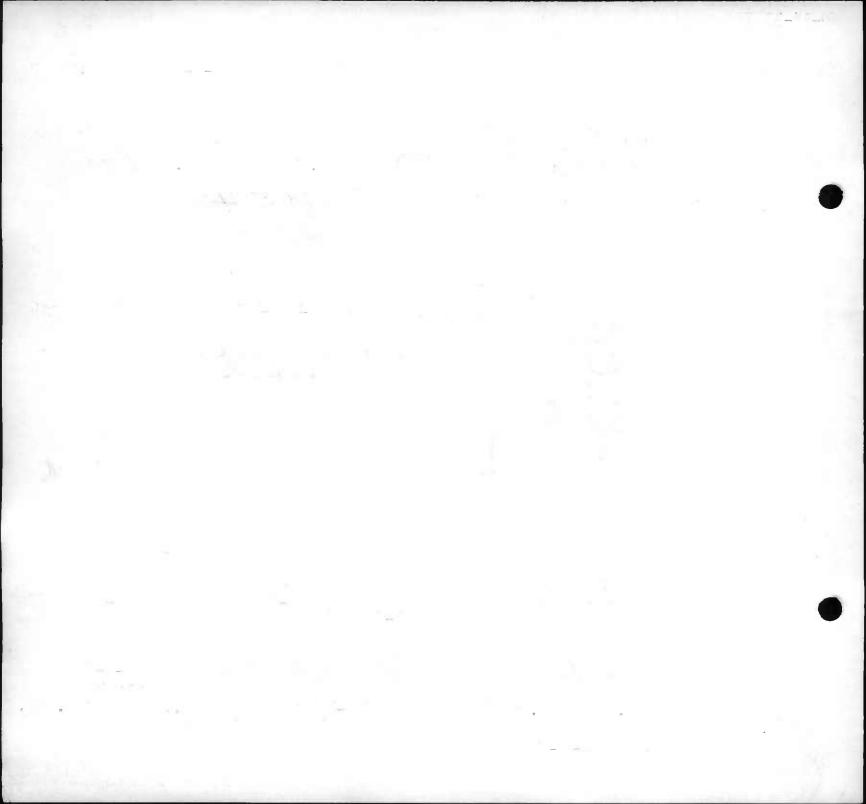
BIRTH NO.	MED	ICAL EX	AMINER'S CE	RTIFICAT	TE OF [	DEATH Register	ed No	10857
M.E. CASE NO.					//	,		
1. NAME OF DEC	CEASED Gra	Speal			2. DATE AN	HOUR PRONOUNCE	D DEAD	
3. PLACE IN BALT	TIMORE, MARYLAND	SBORNE HERE PRONOL	NCED DEAD	4. USUAL RESID	Nove:	mber 10, 196 deceosed lived. If instit B. COUR	I YTY	0.0
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOV	Mary (If outside	and corporate limits, write	RURAL ond	- O. O. A
33 _{Johns}	Hopkins Hos	pital		Bel D. STREET ADDI		give location)	mest	
				-35 B	Grafto		Cock St	
5. SEX Male	6. RACE White	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	SUNE 25		9. AGE (In years lost birthdoy) 56 54	Months D	yr. II Under 24 Hrs.
IOA. USUAL OCC	UPATION (Give kind of wor		BUSINESS OR INDUSTRY				12. CITIZEN	OF COUNTRY?
TBuildE	working life, even if retired)	Const	nuction	North (	-Arolan	7	WHAI	COUNTRY?
13. FATHER'S NAM		•		14. MOTHER'S M	AIDEN NAM		1	
WAN	cie C. Osbo	SAL			outs			
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT	nother 8		ADDRESS	1
NO	_		218-01-8695	Mrs. SElT	A G. O.		SI Calada	1977 A20 21050
18.	a /V			OF DEATH		IGIES	- 11	NTERVAL BETWEEN
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	LEADING TO DEATH		(A) Gun	shot wound	of the	e head		
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injury or col	mplication which caused	deom.)						
	ANTECEDENT CAUSE		(B)					
RISE TO TH	OR CONDITIONS, IF A		DUE TO					
_	NG CONDITION LAST.		(C)					001 N000 A0 N000 000 1 1 WARDO 00 00 00 00 AD
₫	ll l				_		-	
O THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO T		***************************************		)))		5 - 4 - 7 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY Yes		20B. IF YES, WERE FIN IN CERTIFYING CAUS		
21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., i form, loctory, street, o	n or obout 21C. V	HERE DID	II in Soltimore City, giv	e exect loca	otion)
UNDERLYING!	SE OF DEATH.	etc.)	Field	ince stage, in took		State Route	21 - 4	
21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	E. INJURY OCCURRED	21F. HC	DINI DID WC		<i>n</i> 1	
OF INJURY (APPROX.)	11 10 67	3:00 p. V	VHILE AT NOT V	VHILE X	Subj	ect shot him	self	
22.	tify that I held on I	nquiry 🗌	Inspection Aut	opsy X and	I that an thi	s basis, death In my	y apinlan	
	ted fram: Natural ca		ccident Suicide		[]	Indetermined manne		
		1/	7			AMINER .		
ACTUA		and	- WISM	ASSISTANT M				DATE SIGNED
SIGNAT			M.D.	ASSOCIATE M				
NAME (		F. Wils	son. M.D.				Nov	ember 11, 19
23A, BURIAL CRE REMOVAL (Specify	MATION, 23B. DATE	23	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	town, or cou	ember 11, 19 unty) (Stote)
BuriAl	Nev.14,1	967	BEI Air Memori	Al GARDEL	S BEI	Hir, HArbord	Co. NA	myland 21014
	Part at 1	24B. NAME	OF REGISTRAR		AL DIRECTOR		AD	DRESS
	7 1001	Sobert	E. Farbruna	Tresol	william	Foster Bel	Begrand	e williams St.
VS 161 BEV 1/1/	46 . 1			Scock.	L 100	DEI .	HIC IN	Angland 21014

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to consider a produced to estate matters deposite

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111-451	BALTIMORE CITY	HEALTH DEPARTMENT	67 10858					
BIRTH NO.	10858 CERTIFICA	TE OF DEATH Registered N	0, 10000					
1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	тн					
JEANETTE WILL	MORE	11-6-0	67   10:10 Pm.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where deceosed lived. I	finstitution: residence before admission)					
FULL NAME OF (If not in hospital or ins	titution, give street	MARYLAND						
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write RURAL and give towns. Ifp)  BALTIMORE						
BALTIMORE CIT								
3/ 4940 EASTERN		D. STREET ADDRESS (If rurol, give locotion)						
BALTIMORE, MA		727 N. LYNDHURST ST	• #21229					
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
't Negro	MARRIED	5-18-1925 42						
IDA, USUAL OCCUPATION (Give kind of work 10B, 1 done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAL COUNTRY?					
one during most of morning me, even it remes,		SOUTH CAROLINA	WHAT COUNTRY?					
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME	1					
DIT VIDV		ETTEN HAA	R					
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	ELIZA JUZI	ADDRESS					
Yes, no or unknown) (If yes, give wor or dates of s	SECURITY NO.							
		RECORDS_BCH_4940 EAS						
18.204,31		PF DEATH	INTERVAL BETWEEN ONSET AND DEATH					
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(This does not mean the mode of dying	g, e.g., DUE TO	up maranglaytes	2 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
heort foilure, asthenia, etc. It means the dinjury or complication which caused death								
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DISEASES OR CONDITIONS, if ony,	DUE TO							
rise to the obove cause (A) state	at .							
UNDERLYING CONDITION lost.								
- 11	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONT. TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.								
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OBERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	or FINDINGS CONSIDERED					
WAS PERFORM		IN CERTIFYING	CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	yES YES	nore City, give exact location)					
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH Inotify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	note only, give exect tocoron,					
<u>o</u>								
Q 21 D. TIME (Month) (Doy) [Year] [Ho	While At Not Whi	21F. HOW DID INJURY OCCUR?						
(APPROX)	Work At Work							
22. 1 certify that (1) (this hospital) atta	ended the deceased from	10-1019 67 10	11-6 19 67					
	that (1) (we) last sow the deceased olive an 11-6 19 67 and that in (my) (our) opinion death occurred on the date							
and hour and from the causes stated o								
23A. SIGNATURE	-5.55 (1) () (did) (did 1101)	To the dody offer deoffis	23B, DATE SIGNED					
P AN C		ending Med. Stoff Phys. X	11-6-67					
23C. PHYSICIAN'S	Phy	23 D. A DDRESS						
23C. PHYSICIAN'S NAME (Type)			21224					
Dr. Leroy B.	Kagle M.D.	BCH-4940 EASTERN AVE						
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or CR	EMATORY 24D, LOCATION	(State)					
D-11-12-2	Cross K	and tack, Ne	00, D.C.					
25A DATE REC'D BY HEALTH DEPT. 25B	NAME OF REGISTRAR	250 FUNERAL DIRECTOR	ADDRESS					
NOV 1 4 1967 R	Dub E. Farley M.	Villength S. H ki	18182 172701 YVA211A					
VS 150-REV. 1/1/65		Jan of Ma	1 1/1/1/1					



(4) Undetermined cause; (5) Deceased

contributing cause

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Body

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of

the body was released shows: (1) An accident

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was D.O.A.

VS 150-REV. 1/1/65

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to the hospital by

approved

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. Suc I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo Elizabeth 8 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) deat B. COUNTY ance A STATE (If not in hospital or institution, give street Md FULL NAME OF HOSPITAL OR oddiess or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend prior D. STREET ADDRESS (If rural, give location) of Maryland Hospital . Ellicoff regular made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yı. Monthsi Days eceased WIDOWED, DIVORCED (specify) lost birthdoy Married. 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF isposition done during most of working life, even if retired) -Domestic. Ö Mas 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME Sadalia Saunders death 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance pronounced or DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., ar heart failure, astheria, etc. It means the disease, injuly of camplication which caused death.) 200 ANTECEDENT CAUSES who DUE TO re DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the physician UNDERLYING CONDITION last. remains Was ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 9 DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 2/C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? where Ų (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF °Z MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) |Doy) |Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) Work At Work and 22. I certify that (1) (this haspital) attended the deceased from..... that (1) (we) last saw the deceased alive an 19 and that in(my) (our) apinian death accurred an the date eath) hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. Dead on arrival 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. 0 Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) M.D. JACKSON M. NEAN 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY eceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) FUNERAL DIRECTOR

If Under 24 Hrs.

Hours

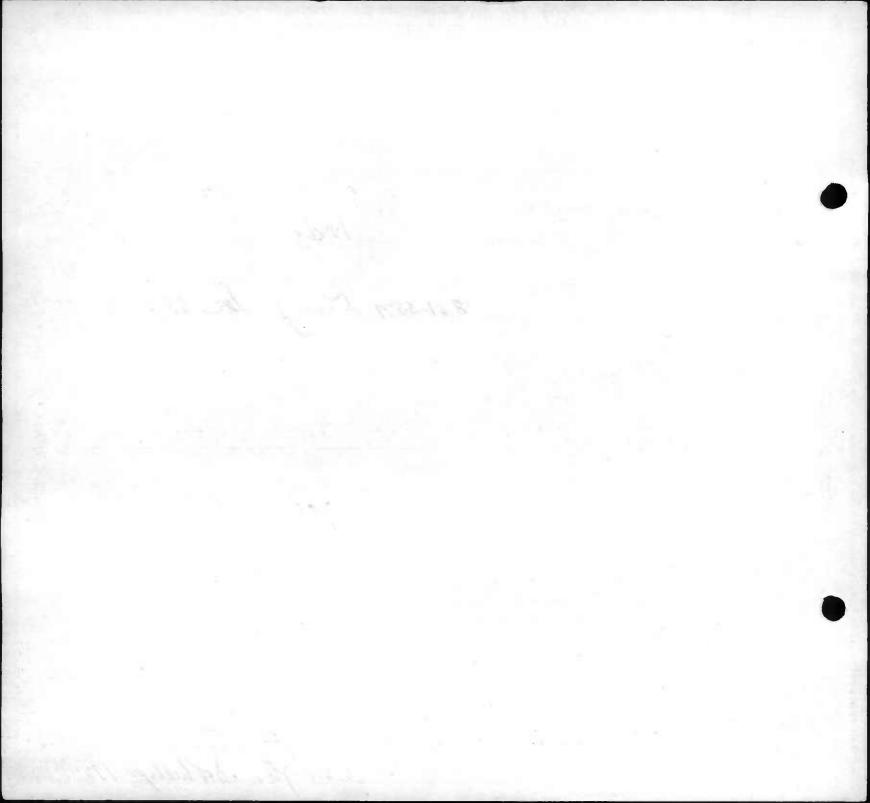
WHAT COUNTRY?

4.5.4.

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

ADDRES:



the body was released to the hospital

shows: (1)

was D.O.

VS 150-REV. 1/1/65

This certificate must be

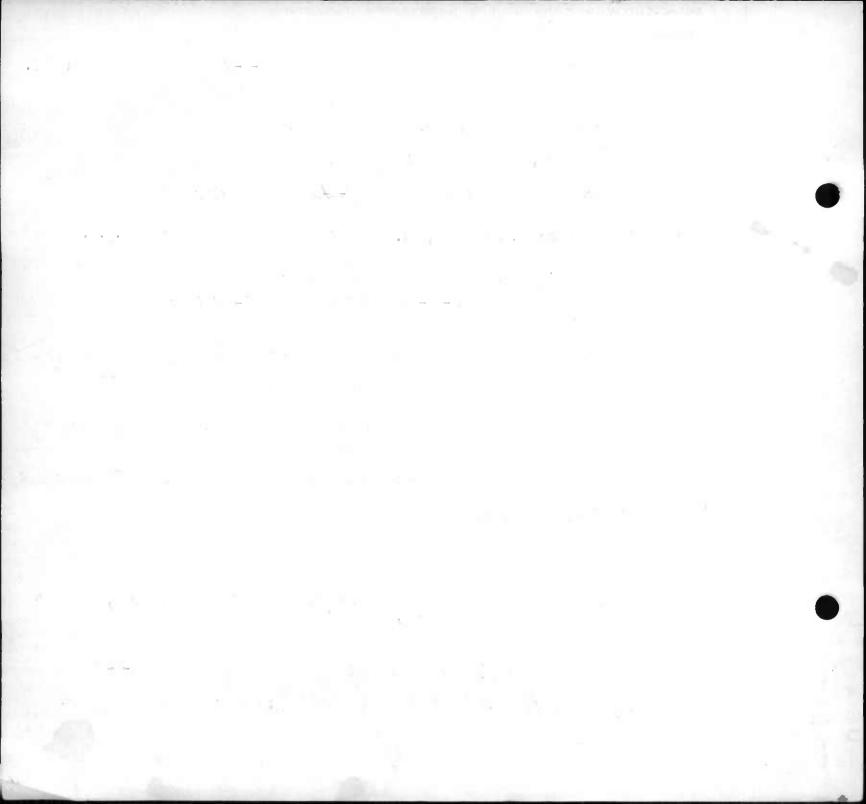
any nature;

or contributing cause of death (4) Undetermined cause; (5) Deceased

a hospital and

attendance on the

BIRTH	NO. CASE NO.	CERTIFICA	TE OF DEAT	H Registered No.	67 10860
1. NA	ME OF DECEASED  or Print)  Mary Alston	(E11'324		E AND HOUR OF DEATH	8:45 P.
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE		nstitution: residence before odmissi
HO	OSPITAL OR STITUTION (If not in hospital or institution, oddress or location)  Provident Hospit  1514 Division St	al, Inc.	Maryland c. cirv or town Baltimore D. STREET ADDRESS	(If rurol, give location)	RURAL ond give (Swnship)
5. SEX	Baltimore, Maryl	and 21217	3416 Edmon	9. AGE (In years	If Under 1 Yr. If Under 24 H
Fe	emale Negro WIDOWE	arated (specify)	7-1-191	3 lost birth tay	Months Days Hours Min.
done d	USUAL OCCUPATION (Give kind of work 10R KIND OF during most of working life, even if retired)  Wer Machine Operator Ralei		Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	Theadore A	Lans)	14. MOTHER'S MAIDEN	NAME Seld	SN.
15. We (Yes, n	as Deceased Ever in U. S. Armed Forces? to or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 215-05-6950	Julie Mars	shall- Sisiter	ADDRESS SAME
11	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Lyncardial T	nsufficiency	INTERVAL BETWEEN ONSET AND DEATH
h in	This does not mean the mode of dying, e.g., nearl failute, astheria, etc. It means the disease, njuty of complication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	DUE TO (C)	•	mothorax Right Lan	10days
ATION	JNDERLYING CONDITION lost.	Lestr	OYED RIA	lot to dnay	B monto
AL CERTIF	10 3 16 Destroyed	RIF Laney PLACE OF INJURY (40., i e, form, foctory, street, o	Yes	ID (If in Boltimor	AUSES OF DEATH?
30	F INJURY	INJURY OCCURRED	le 🗀	INJURY OCCUR?	
+1	2. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an nd haur and from the causes stated above. (I	November 6,	1967 or	nd that in (my) (aur) op	
	MAMMS W. MOOT	S M.D. Att	ending Med. Director	Stoff Phys.	238. DATE SIGNED 11-7-67
	Marcus W. Moor	SY M.D.	137/N.C	rey St. P	Potto, Md  City, town, or county) (Style
1	ALL CAPECITY	11/1-	M. (XI	Hart-	2 ml



67 10861 BALTIMORE CITY HEALTH DEPARTMENT

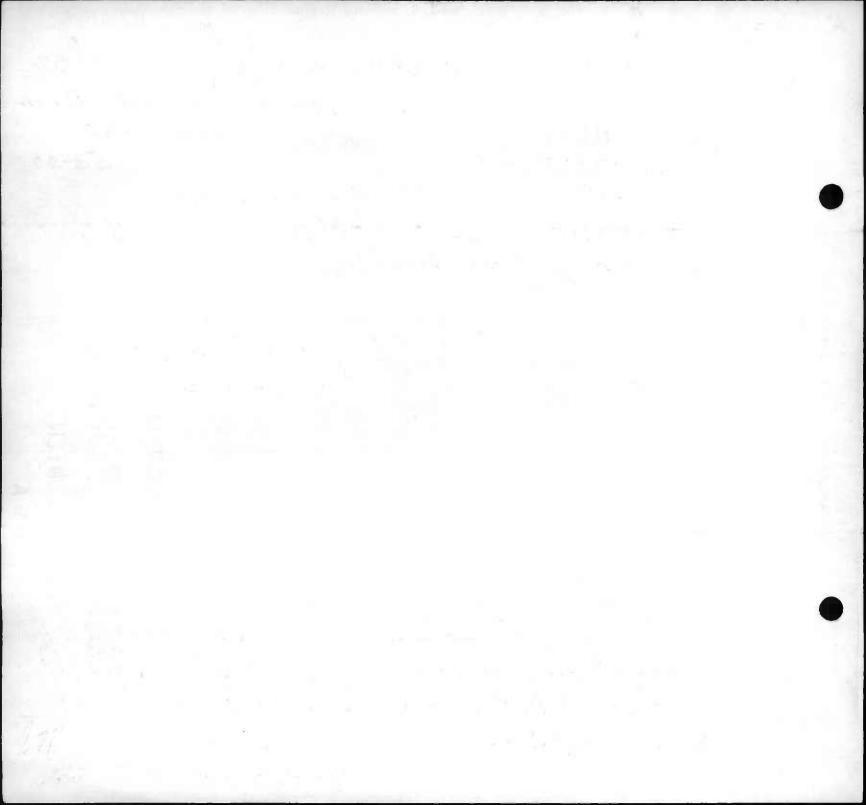
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE (Elizabeth) SARAH HARRIS on 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION Ear Baltimore D. STREET ADDRESS (If rurol, give location) # EENT Eutaw St. 2606 W. Fairmount Ave. B. DATE OF BIRTH 1931 9. AGE (In years lost birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Doys, Hours, Min. 36 Female Colored 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BLAT 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Hutzlers 13. FATHER'S NAME Lawrence Moss Elizabeth Battle 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL ADDRESS SECURITY NO. 212-30-9360 (Yes, no or unknown), (If yes, give wor or dates of service) Mr. Albert Harrison Same CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary Embolism LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Phlebothrombosis of left leg DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)... FICATION ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTI 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 120B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? 21 A. EXTERNAL CAUSE WAS MEDICA UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME (Doy) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Year) OF INJURY m. WHILE AT (APPROX.) NOT WHILE 22. I certify that I held an Inquiry Inspection Autopsy X ond that on this bosis, death in my opinion resulted from: Notural couses X Accident Homicide Suicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE. ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Edward F. Wilson, M.D. November 8. 23A, BURIAL CREMATION, 23C. NAME of CEMETERY of CREMATORY 23B. DATE 23D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Arbutus Memorial Park Nov.11,67 Baltimore, Maryland ADDRESS 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Arlington . Phillips 1727 N. Monarce

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



67 10863 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10863

M.E. CASE NO.							
I. NAME OF DECEASED Type or Print)				2. DATE AND HOUR PRONOUNCED DEAD			
CECEL	LA A. SWI	EENEY			November 10, 19	67   7:10 pm.	
PLACE IN BALTIMORE			JNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If ins	titution: residence before admission)	
FULL NAME OF (IF	NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	Ma	ryland	Bulto, Co,	
OSPITAL OR AD	DRESS OR LOCA	TION)	one of the orner	C. CITY OR TOWN	If outside corporate limits, write	e RURAL and give township)	
40				Baltimor	e	33-00	
St. Agnes	Hospital	D-O-	Α.	D. STREET ADDRESS			
19 bot ingines	noopitui	2,0,		3811 Mc	Dowell La.		
SEX 6. RAC	E		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	
Female	White	Marr		Sept. 1, 19			
		10B. KIND OI	BUSINESS OR INDUSTRY			12. CITIZEN OF	
one during most of working I	ile, even if relired)	Depar	tment Store	Bal timore	, Maryland	WHAT COUNTRY?	
3. FATHER'S NAME			00110 0010	14. MOTHER'S MAIDER		-	
Edward	C. O'Con	nor		Julia A	Lone		
5. WAS DECEASED EVER			16. SOCIAL	17. INFORMANT	. Henre	ADDRESS Baltimore	
es, no or unknown) (If yes,	give wor or dote:	s of service)	SECURITY NO.	Cone A Sun	eney -3811 McDe		
110			216-48-1560		enel -)orr wene		
18.330	Xı		CAUSE	OF DEATH		ONSET AND DEATH	
DISEASE OR	CONDITION DI	ECTLY				ONSET AND BEATH	
	ING TO DEATH	CILI	D.	intured core	oral aneurysm		
(This does not med	n the mode of	dying, e.g.,	DUE TO	aprared cerei	rar aneurysm		
heart failure, osthen	in which coused o	leoth.)					
	DENT CAUSES		(B)				
DISEASES OR CO	NDITIONS, IF A	NY, GIVING	DUE TO		***************************************		
UNDERLYING CO							
5			(C)				
OTHER SIGNIFICAN	II CONDITIONS	CONTRIBUTU	10				
OTHER SIGNIFICAN	BUT NOT REL	ATED TO T	HE				
DISEASE OR CONE						***************************************	
19A. DATE OF OPERA	WAS PERF		WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FI		
				YES	YI	ES	
21A. EXTERNAL CAUS	SE WAS	21 B.	PLACE OF INJURY (e.g., , fam, factory, street,	in or obout 21C. WHERE	DID (If in Boltimore City, gi	ve exoct locotion)	
UTING CAUSE OF	DEATH.	etc.)					
21D TIME (Month	n) (Doy) (Yeor	(Hour) 2	IE. INJURY OCCURRED	21F. HOW D	D INJURY OCCUR?		
OF INJURY (APPROX.)			WHILE AT   NOT	WHILE			
		m. V	VORK AT W	ORK			
22.	it I held an Ir	nguiry	Inspection Au	opsy X and the	t an this bosis, deoth in r	my apinion	
	m: Notural car	450			7		
resulted tro	m: Noruroi cot	ses A	ccident Suicid			er	
ACTUAL T	21.	17	1 110		AL EXAMINER	DATE SIGNED	
SIGNATURE	2500	7 30 12	M.D	ASSISTANT MEDIC	AL EXAMINERX		
EXAMINER'S				ASSOCIATE MEDIC	CAL EXAMINER		
NAME (Type)	Edward F	. Wilso	on, M.D.			November 11, 1967	
A. BURIAL CREMATION	V, 238. DATE		C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City	, town, or county) (State)	
Burial	11-14-	1067	Cedar Hill	emo terr	Ritchie House	A A Co Manual and	
4A. DATE REC'D BY HEA			OF REGISTRAR	24C. FUNERAL DI	becton mema.	A.A.Co., Maryland	
		-40° IAMAGE	OT REGISTRAR			abia Umma D. 3.4.4	
NOV	1 4 1967	120 1	La C. Fra D. ma	George J.	Gonce-HOOL KIT	chie Hgwy., Baltimo	

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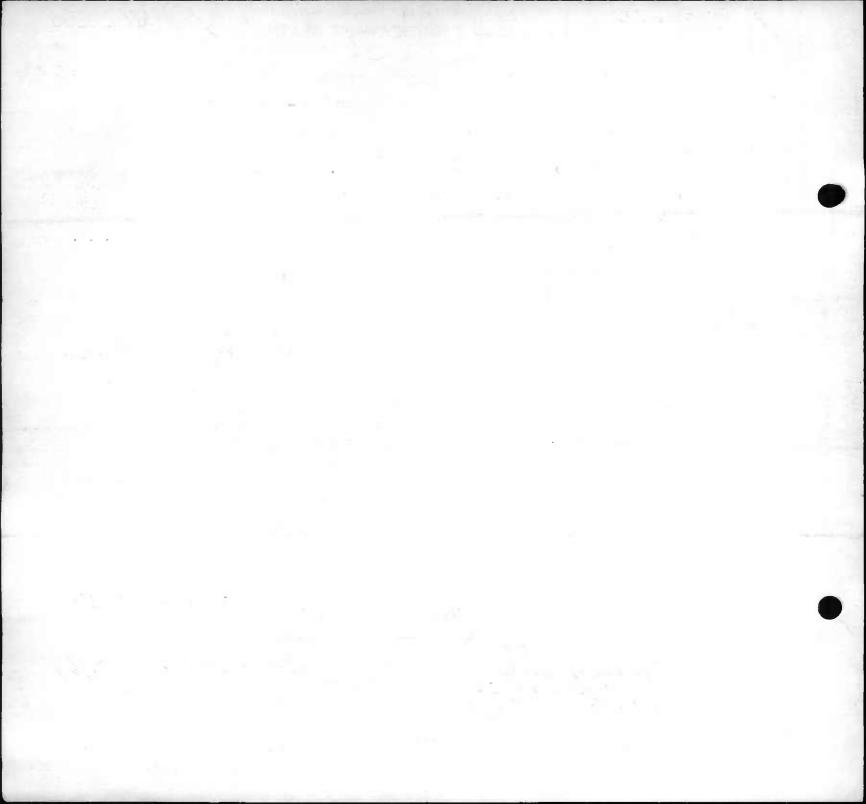
3. PI FF H H IN F A S S S S S S S S S S S S S S S S S S	OSPITAL OR address or location)  PANKLIN DOWARE HO  ON THE STATE OF TH	institution, give street  SPITAL  MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed  B. KIND OF BUSINESS OR INDUS	BALTIMORE  D. STREET ADDRESS (If rural,  9334mms  B. DATE OF BIRTH  9. A  10st  STRY W BIRTHPLACE (State or foreign of  AUSTRIA  14. MOTHER'S MAIDEN NAME  17. INFORMANT  Mrs. Christine Hoy	city limits, write RURAL of give lacation)  GE (In years birthdoy)  3  cauntry)  12. C  W	der 1 Yr. If Under 24 hours Min.  der 1 Yr. If Under 24 hours Min.  ITIZEN OF /HAT COUNTRY?  U.S.  ADDRESS Baltin
5. SE 10A. dane 13. F	EX 6. RACE 7.  WUSUAL OCCUPATION (Give kind of work 10 duping mast of working life, even if relired)  ATHERS NAME  6. RACE 7.  WO USUAL OCCUPATION (Give kind of work 10 duping mast of working life, even if relired)  ATHERS NAME  6. RACE 7.  WO USUAL OCCUPATION (Give kind of work 10 duping mast of working life, even if relired)  ATHERS NAME  6. RACE 7.  WO USUAL OCCUPATION (Give kind of work 10 duping mast of working life, even if relired)  1. September 1.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed  B. KIND OF BUSINESS OR INDUS  1 6. SOCIAL SECURITY NO.	BALTIMORE D. STREET ADDRESS (If rural, 933 famous B. DATE OF BIRTH P. A  STRY W BIRTHPLACE (State or foreign of AUSTRIA  14. MOTHER'S MAIDEN NAME  17. INFORMANT  Mrs. Christine Hoy	give lacation)  GE (In years birthdoy)  auntry)  12. C	der 1 Yr. If Under 24 Hours Min.  ITIZEN OF CHAT COUNTRY?  U.S.  ADDRESS Baltin
10A. dane	USUAL OCCUPATION (Give kind of wark 10 during may at warking life, even if retired)  ATHERS NAME  SEPH SELAK  Vos Deceased Ever in U. S. Armed Farce: na at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at unknown) (If yes, give war at dates to be a second at	WIDOWED, DIVORCED (specify) Widowed  18, KIND OF BUSINESS OR INDUS  16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME  17. INFORMANT  Mrs. Christine Hoy	birthdoy)   Month	ITIZEN OF CHAT COUNTRY?  U.S.  ADDRESS Baltin
13. F	ATHERS NAME  SEPH SELAR  Vos Deceased Ever in U. S. Armed Forces na ar unknown) (If yes, give war ar dates of the control of t	of service) SECURITY NO.	14. MOTHERS MAIDEN NAME  ARE  17. INFORMANT  Mrs. Christine Hoy		U.S.  Address Baltin
(Yes,	Vos Deceased Ever in U. S. Armed Farce: na ar unknown) (If yes, give war ar dates in the control of the control	of service) SECURITY NO.		_ 033 Hamman	Baltin
	DISEASE OF CONDITION DIRECT	CAUS		- 033 Hamman	
	(This does not meen the mode of di- heart failure, astheria, etc. It means the injury or complication which coused do ANTECEDENT CAUSES DISEASES OR CONDITIONS, if an rise to the above couse (A) si UNDERLYING CONDITION lost.	y, giving	Hepatic Im		n's
IFICATION	OTHER SIGNIFICANT CONDITIONS COLTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMAN	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	DB. IF YES, WERE FINDING	GS CONSIDERED F DEATH?
ادا	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical exomine)	21B. PLACE OF INJURY (e home, farm, factory, stree etc.)	.g., in ar about 21C. WHERE DID tt, office bldg., INJURY OCCUR?	(If in Baltimare City,	give exact lacation)
MEDI	21 D. TIME (Month) (Day) (Yeor) OF INJURY (APPROX.)	While At Not	While 21F. HOW DID INJURY	OCCUR?	
	22. I certify that (I) (this hospital) of that (I) (we) lost saw the deceased and hour and from the couses stated	olive on	19and that i		
	23A. SIGNATURE  Chus his Leavery 23C. PHYSICIANS NAME (Type)  CHUS STUTA ABARCA	felicians M.D.	Attending Med. Staff Phys. Med. Director Phy  23D. ADDRESS A.D. FRANKLIN S.		1-10-67 1-10-67
24A.	Burial 11-13-196	24C. NAME OF CEMETERY OF HOLY Cross Ce	CREMATORY 24D. LOCA	ie Hgwy., A.	ADDRESS

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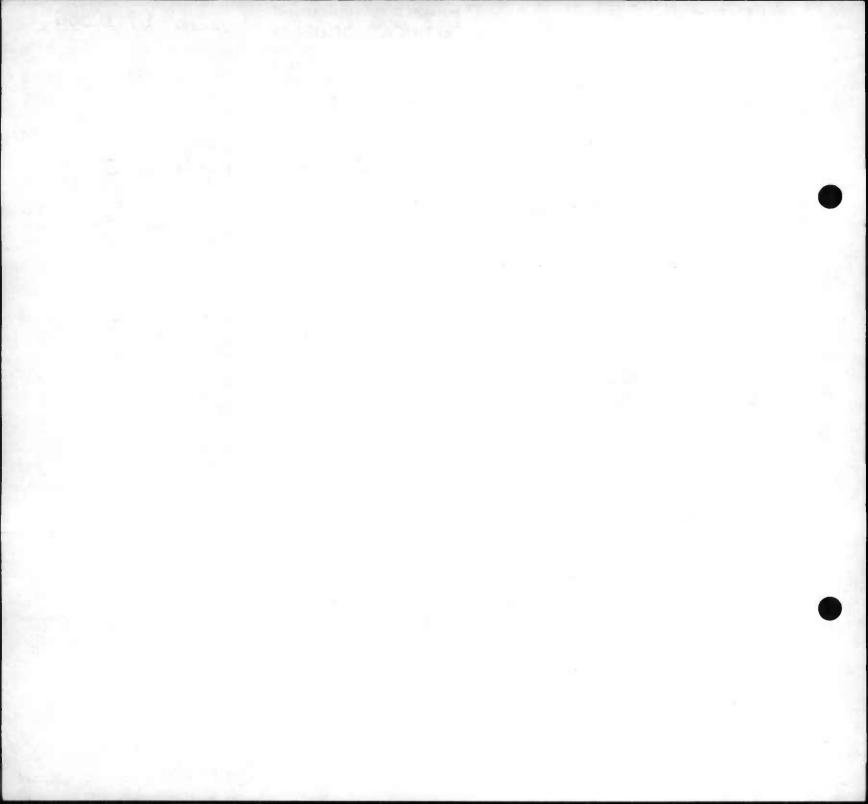
H-620 BIRTH NO. 67-22840 67 1	BALTIMORE CIT	TY HEALTH DEPARTMENT  A TE OE DEATH  Registered No.	67 10865
THE CASE ITEL	CERTIFICA		
(Type or Print)	,	2. DATE AND HOUR OF DEATH	
HARRIS, BABY GIRL	AUDREY	11/09/67	1.15 P M.
3. PLACE OF DEATH IN BALLIMORE, MARIEA	10	A. STATE B. COUNTY	A
FULL NAME OF ((f not in hospital or ins	titution, give street	Maryland- Anne Arundel (	2
HOSPITAL OR oddress or locotion) INSTITUTION		C. CITY OR TOWN (If outside city limits, write	10
The Johns Hopk		Annapolis D. STREET ADDRESS (If rurol, give locotion)	5d-00
33 601 North Broa			
Baltimore, Mar		Rt. 2 Box 122	If Under 1 Yr. If Under 24 Hrs.
Female Negro N	ARRHED, NEVER MARRIED (IDOWED, D(VORCED (specify) lever married	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Manths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, dane during mast of warking life, even if retired)	KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1		Hannia Andrew	
UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Harris, Audrey	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of	service) SECURITY NO.		
18. 27 6 X I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	$\rho$	ONSET AND DEATH
LEADING TO DEATH	(A)	prematurity	3 krs
(This does not meon the mode of dyin heart failure, asthenio, etc. It means the			
injury or camplication which caused deat			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any,			
rise to the above cause (A) state	ing the (C)	***************************************	
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE		
	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
198. CONDITION WAS PERFORM		IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)		re City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Ha	our) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not W	/hile	
	Work At Wo		36 44
22. I certify that (I) (this haspital) of	tended the deceased from	Nov 7 1967 10 frs	m 7 = +al 19
that (I) (we) lost saw the deceased of	ive an /V ~V	7 19 and that in(my) (aur) ap	inion death occurred an the date
ond haur and from the causes stated o	abave. (1) (Ne) (did) (did not	) view the bady ofter death.	
23A. SIGNATURE	nn i		23B. DATE SIGNED
Me and all	M.D.	Attending Med. Stoff Phys. Phys.	len 11/9/6/
23 C. PHYSICIAN'S 1/1 A - E h	7 (	23D. ADDRESS	11/1/07
NAME (Type)	( ) M		
MANGANI	ECLO M.		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	City, town, or county) (Stote)
CREMATION 11-11-67	JOH ZNHOD	KINS HOSDITAL BALTIM	ORE MD.
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR DICTION	ADDRESS
NOV 1 4 1967 (P. Pres 15	E . Stabley Mile	HUSTITAL DISPUS	AL
VS 150-REV. 1/1/65	g 7 Z Z II Y		



## FUNERAL DIRECTOR: IMPORTANT

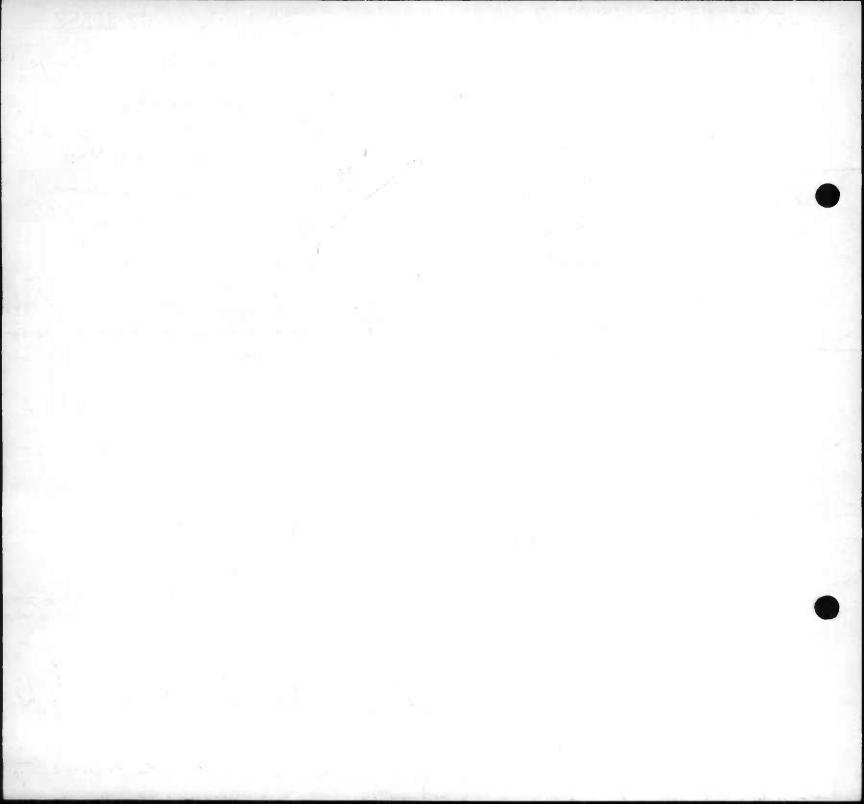
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	5-524		HEALTH DEPARTMENT	67 10866			
M.E	CASE INC.	366 CERTIFICA					
	AME OF DECEASED SINGLETON	1, BABY 61		1035 P M.			
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		A, USUAL RESIDENCE (Where deceosed lived, If in	stitution: lesidence before admission)			
1	FULL NAME OF (If not in hospital or institution oddress or location)  NSTITUTION	ion, give street	C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)			
	JOHNS HOPKINS		D. STREET ADDRESS (# rund, give location)	15-46			
	33		1801 N. Ellahowt	21216			
5, 5	WIDO WIDO	HED, NEVER MARRIED WED, DIVORCED (specify) JEY MARRIED	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min,			
	USUAL OCCUPATION (Give kind of work 10B, KINE e during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  MD	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHERS NAME WILLIAM SINGLE	CTON	14. MOTHERS MAIDEN NAME JOYCE MOORE				
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS			
(Ye	s, no or unknown) (If yes, give wor or dotes of servi	security No.					
	1B. 76 8. 0 1	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PP A	BABLE SERSIS	12 hx			
	(This does not mean the made of dying, heart failure, asthenio, etc. It means the dise injury of complication which caused death.)	-ig.,	5/4 D C S C (S ) =				
	ANTECEDENT CAUSES	(B)		00000h.			
	DISEASES OR CONDITIONS, if any, giving						
	tise to the obove couse (A) stoting UNDERLYING CONDITION last.	the (C)					
z	11	ZIN 0					
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		FAILURE				
CERTIFICATION		OR WHICH OPERATION	20 A. UTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	n or about No. WHERE DID (If in Bostimon	e City, give exact location)			
EDICAL	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
٤	(APPROX)	While At Not While At Work					
	22. I certify that (I) (this hospital) attended		11/6 1967 10	11/10 1967.			
	that (1) (we) lost sow the deceased alive on 11/10 19 67 and that in (my) (our) opinion death occurred on the date						
	and hour and from the causes stated above 23A. SIGNATURE	e. (I) (We) (did) (did not) v	riew the body ofter deoth.	23B. DATE SIGNED			
	B. alter	M.D. Atte	ending Med. Stoff Phys.	11/10/67			
	23C. PHYSICIAN'S NAME (Type) BLANCHE A	LTER M.D.	JOHNS HOPK	INS Hop. BALTO.			
244	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	-11	ity, town, or county) (State)			
-	REMITTION 11-11-67	OHNS HOPICI	NO HUSDIAN BALTIMOR	E Mo.			
45P	NOV 1 4 1967 Polyer	NE OF REGISTRAR	HOSPITAL DISPO	SAL ADDRESS			
VS	150-REV, 1/1/65						



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	23C. PHYS	ļ
Fic A A I	24A. BURIAL REMOV	1
This certif the body shows: (1) was D.O. deceased	11 92	A
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This cert the body shows: ( was D.O decease	25A. DATE RE	اء
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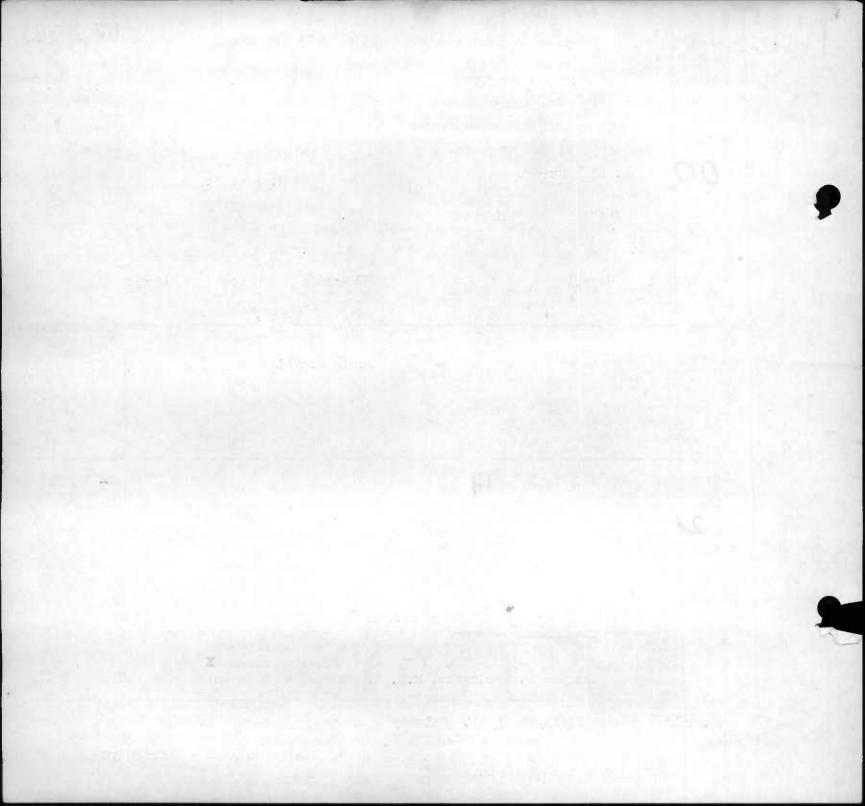
	07 4000T						
В	NRTH NO.	67 10867 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registred No. 67 10867					
	N.E. CASE NO.			D HOUR OF DEATH			
	Type or Print) Leo JACK	MAN JR.	2. DATE AND	11/9/1967	1 /1:30 P.M.		
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	TY	tion: residence before admission)		
	FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	ion, give sheet	C. CITY OR TOWN (If outs	BALTINOR	AL and give township)		
	. 1 12	1/	RUPAL - DWING HILLS KOOD				
	THORIH CHARLES GO	V0750000	ural, give location) STATE	to spital			
	M WIDO		6/6/1927	ast birthday) YO	Under 1 Yr. If Under 24 His. onths Doys Hours Min.		
	10A, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if refired)  P.S.Y. CLUTTER TO THE CONTROL OF THE C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	2. CITIZEN OF WHAT COUNTRY?		
.   1	3. FATHERS NAME  L. P. FACKMAN	fr.	14. MOTHERS MAIDEN NAM  13 BATRIC	E JACKI	regn		
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no oi unknown! (It yes, give war or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
-	18. < 26 XI	CAUSE	BEATRIE - SACH	FRIEN JN.	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ì	Kraacht	(1 ou willow	3 Para		
	(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the dise	e.g., DUE TO		7	a ay		
	injury or complication which caused death.)  ANTECEDENT CAUSES	(8)	From chi	eaten,	leany		
	DISEASES OR CONDITIONS, if any, gir	DUE TO			years		
	rise to the above couse (A) stating UNDERLYING CONDITION last.						
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING THE					
	U TOA DATE OF OPERATION TOR CONDITION E	OR WHICH OPERATION BRONCH ETHERS	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?		
17	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noily medical examine)	21B. PLACE OF INJURY (e.g., in home, tarm, factory, street, a etc.)	n or about 21 C. WHERE DID	(If in Baltimore Ci	ty, give exact location)		
	21D. TIME (Manth) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED White At Not Whi	21 F. HOW DID INJU	JRY OCCUR?			
	(APPROX)	Work At Work		10 111			
	22. I certify that (I) (this haspital) attended the deceosed fram 10/26 1967 to 11/9 1967, that (I) (we) lost sow the deceosed alive on 11/9 1967 and that in (my) (our) opinion death occurred on the date						
	ond haur and from the couses stated above. (1) (We)((did))(did not) view the body after death.						
	23A. SIGNATURE  M.D. Attending Med. Staft Phys. Director Phys. 179-67						
	23C. MITSICIAN'S NAME Type!	ENEZ TRM.O.	23D. ADDRESS North	Charles	Fen Apple		
12	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	ENATORY 24D. LO	a /T/ WEB-	town, or county) (State)		
1	25A. DATE REC'D BY HEALTH BEPT. 25B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	10011 6	ADDRESS (		
L	/S 150-REV. 1/1/0 OV 1 4 1967 R.C	ub & Farleyna	B.PABROW JA	(1 dold f. k	14 HILLORE ST.		



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67 10869 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10869

м.	E. CASE NO.						
1. NAME OF DECEASED (Type or Print)  NORA FERGUSON					IOUR PRONOUNCED DEA		
	NOI	T ERGOSON		November 5, 1967 9:50 A. _{M.}			
3. 1	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUA	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE  B. COUNTY			
HO	LL NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOCA STITUTION	AL OR INSTITUTION, GIVE STREET ATION)		Maryland	orporote limits, write RUAA		
1	109 N. Pine St	reet	D. STREE	T ADDRESS (If rurol, giv 109 N. Pir			
5. 9	EX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE C		9. AGE (In years   If Ur	der 1 Yr. If Under 24 Hrs.	
	Female Negro	WIDOWED, DIVORCED(specify) Widowed	12/5	/	50	hs Doys Hours Min.	
	. USUAL OCCUPATION (Give kind of wor e during most of working life, even if retired)	kIOB. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHI	PLACE (State or foreign c		TIZEN OF HAT COUNTRY?	
	Domestic			th Carolina	U	SA	
13.	FATHER'S NAME		14. MOTH	ER'S MAIDEN NAME			
	Elliot Harrel		<b>非糖用</b>	phe Phe	ebe Harri	S	
	WAS DECEASED EVER IN U.S. ARMED		17. INFOR	MANT	ADDR		
(те:	s, no or unknown) (If yes, give wor or dote no	es of service) SECURITY NO.	Edd	ie Y oung,	same		
	1B.	CA	AUSE OF DEA	тн		INTERVAL BETWEEN	
NOI	DISEASE OR CONDITION DI LEADING TO DEATH (This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused  ANTECEPENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	dying e.g., but TO  death.)  S  ANY, GIVING  DUE TO		e ethylism			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING	LATED TO THE					
CER1	19A. DATE OF OPERATION 19B. CON WAS PER				L IF YES, WERE FINDINGS CERTIFYING CAUSES OF Yes		
MEDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (home, farm, foctory, streetc.)	(e.g., in or obout eet, office bldg.,	21C. WHERE DID (If in	n Boltimore City, give exoc	t locotion)	
Σ	21D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		NOT WHILE				
	I certify that I held on I resulted from: Notural care ACTUAL SIGNATURE EXAMINER'S Charle	Accident Su	CH M.D. ASSISTA	Homicide Und IEF MEDICAL EXAM ANT MEDICAL EXAM	MINERX	DATE SIGNED	
	NAME (Type)						
RE/	BURIAL CREMATION, 23B. DATE MOVAL (Specify) 11/1	3/67 Mt Calva	ery or CREMAT				
24/	NOV 1.4 1967	24B. NAME OF REGISTRAR		FUNERAL DIRECTOR A Halstead	1206 W North	ADDRESS A Ave	



This certificate must be approved by the chief medical examiner or his assistant if death Curred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such an approval must be obtained before the remaining an attendance on the deceased prior to death.

		City an	DALTIMORE CIT	Y HEALTH DEPARTMENT		000 40000	
BIRT	TH NO.	67 10	CERTIFICA	ATE OF DEATH	Registered Na.	6/ 108/0	
	L CASE NO.			2 DATE AND	HOUR OF DEATH		
	pe or Print)	OR GIANI	A OTEVE	NSON 11/	1/2 -	12:200	
3. P	PLACE OF DEATH IN BALTIMO	RE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. Il ins	titution: residence before admis-	
	FILL NAME OF (If not in	hasnital as institut	ion ave steet	MANY	and)	Ceril Co	
FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location) INSTITUTION				C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
			2211 TON 57-21				
~	XINCORM	XURSI	ALS HOOT	100	ural, give lacation)	5	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED			ARY IAND	B. DATE OF BIRTH 9, AGE (In years , I If Under 1 Yr. If Under 24 H			
7	- NEG	10 WIDE	WINDWED (Spacify)	1,26,1876	ost birthdoy	Months Days Hours Mi	
	. USUAL OCCUPATION (Give king during most of working life, even if		D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?	
				MARHA	41)	USA	
13.	FATHER'S NAME			14. MOTHERS MAIDEN NAM	NE .		
15. V (Yes	Was Deceased Ever in U. S. Ar s.no or unknown) (If yes, give wo	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		-		Emily HERON	213 E H	ah St. Elkdo	
	18. 3.3.2 XI		CAUSE	OF DEATH	1	INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITI			CEREBRAL -	1 40 . 0 -		
	LEADING TO		(A)	CEREBISHE	THUMISOS		
	(This does not meon the m						
1	hearl failure, asthenia, etc. II	meons the dise	eose,				
	heart failure, asthenia, etc. It injury or complication which		eose,				
		coused deoth.)	(B)				
	injury or complication which  ANTECEDENT O	coused deoth.) CAUSES IS. if ony. gi	(B) DUE TO		10000000000000000000000000000000000000		
	Injury or complication which  ANTECEDENT ( DISEASES OR CONDITION rise to the above cous	coused deoth.) CAUSES IS, if ony, give (A) stoling	(B) DUE TO				
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MEDICAL CERTIFICATI	injury or complication which  ANTECEDENT ( DISEASES OR CONDITION rise to the above cous UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA 19A.DATE OF OPERATION  21A.ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examine)  21D.TIME (Month) (Day)  OF INJURY (APPROX.)  22. I certify that (1) (this that (1) (we) lost sow the cause and hour and fram the cause 23A. SIGNATURE	coused deoth.) CAUSES  IS. if ony. gi e (A) stoling lost.  CHONS CONTRIBLE OT RELATED TO USING IT. PR. CONDITION IT AS PERFORMED  LYING  (Year) (Hour)  respital) attendaleceosed olive	JTING THE  TOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Work  At Wor	20 A. AUTOPSYTTES or No)  in or about 21 C. WHERE DID office bidg., INJURY OCCUR?  21 F. HOW DID INJURY OCCUR?  19 and the view the bady after death.  Itending Med. Director	208. IF YES, WERE FIN CERTIFYING CAU  (II in Boltimore  JRY OCCUR?  9ta of in (my) (aur) apin	indings considered SES OF DEATH?  City, give exact location?  19 ion death accurred an the	
MEDICAL CERTIFICATI	Injury or complication which  ANTECEDENT ( DISEASES OR CONDITION rise to the above cous UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NO DISEASE OR CONDITION OR  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examine)  21D. TIME (Month) (Day) OF INJURY (APPROX)  22. I certify that (I) (this that (I) (we) lost sow the cause and hour and fram the cause 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)  24B. EURIAL CREMATION, 24B. E	coused deoth.) CAUSES  IS. if ony. gi e (A) stoling lost.  CHONS CONTRIBL DIT RELATED TO USING IT. PS. CONDITION I VAS PERFORMED  LYING (Year) (Hour)  COSpital) attend eleceosed clive ses stated above	JIING THE  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Work  At Wo	20 A. AUTOPSYNTES or No.  21 A. AUTOPSYNTES or No.  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY  19 and the view the bady after death.  Attending Med.  Director Director  23 D. ADDRESS	20B, IF YES, WERE FIN CERTIFYING CAU  (II in Boltimore  URY OCCUR?  9ta of in (my) (aur) apin	City, give exact location)  City, give exact location)  ion death accurred an the	
MEDICAL CERTIFICATI	Injury or complication which  ANTECEDENT ( DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NO DISEASE OR CONDITION CA  19A.DATE OF OPERATION  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examina  21D. TIME (Month) (Day)  CAUSE  OF INJURY (APPROX.)  22. I certify that (I) (this that (I) (we) lost sow the caus 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. ERMOVAL (Specify)	coused deoth.) CAUSES  IS. if ony. gi e (A) stoling lost.  CHONS CONTRIBL DIT RELATED TO USING IT. PS. CONDITION I VAS PERFORMED  LYING (Year) (Hour)  COSpital) attend eleceosed clive ses stated above	JTING THE  TO WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, form, loctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Work  At Work  At Work  At Work  Not Will At Work  At Work  At Work  M.D. A	20 A. AUTOPSYNTES or No.  21 A. AUTOPSYNTES or No.  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY  19 and the view the bady after death.  Attending Med.  Director Director  23 D. ADDRESS	20B, IF YES, WERE FIN CERTIFYING CAU  (II in Boltimore  URY OCCUR?  9ta of in (my) (aur) apin	City, give exact lacation?  City, give exact lacation?  19  ion death accurred an the	
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MEDICAL CERTIFICATI	Injury or complication which  ANTECEDENT ( DISEASES OR CONDITION rise to the obove cous UNDERLYING CONDITION  OTHER SIGNIFICANT CONDITION  OTHER DEATH BUT NO DISEASE OR CONDITION CA  19A.DATE OF OPERATION  21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examina  21D. TIME (Month) (Day)  CAUSE  OF INJURY (APPROX.)  22. I certify that (I) (this that (I) (we) lost sow the caus 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24B. ERMOVAL (Specify)	coused deoth.) CAUSES  IS, if ony, give (A) stoling lost.  CHONS CONTRIBLE TO USING IT.  CHONS CONDITION IT RELATED TO USING IT.  CHONS CONDITION IT (AS PERFORMED)  LYING (Year) (Hour)  CONTRIBLE TO USING IT.  CONDITION IT (AS PERFORMED)  CATE (24)	JTING THE  TOR WHICH OPERATION  21B. PLACE OF INJURY (e.g. home, lorm, loctory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Work  At Wor	20 A. AUTOPSYNTES or No.  21 A. AUTOPSYNTES or No.  21 F. HOW DID INJURY OCCUR?  21 F. HOW DID INJURY  19 and the view the bady after death.  Attending Med.  Director Director  23 D. ADDRESS	20B, IF YES, WERE FIN CERTIFYING CAU  (II in Boltimore  URY OCCUR?  9ta of in (my) (aur) apin	City, give exact location)  City, give exact location)  ion death accurred an the	

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a

4 1967

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

M.E. CASE NO.	CEASED .		2. DATE AND HOUR OF DEA	ATH
	VILLIAM E.	JONES	(7-11-6)	14:45 P
	ATH IN BALTIMORE, M.		4. USUAL RESIDENCE (Where deceased lived.	
FULL NAME	OF (If not in hospital	or instilution, give street	A. STATE B. COUNTY MARYLAND	27-10.
HOSPITAL OR			C. CITY ORITOWN (If autside city limits, w	rite RURAL and give tawnship)
	up w	154:11 Mazz	D. STREET ADDRESS (If rural, give location	1
38			5712 Kailingth	AVE
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 H
101	~ ~	WIDOWED, DIVORCED (specify	1-3-1907 lost bighdox)	Manths Days Haurs Min.
	UPATION (Give kind of wall working life, even if retired)		ISTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?
4			VIII GIN IB	V- >H
3. FATHER'S NA			14. MOTHER'S MAIDEN NAME	
HEL	200	(2)	ALBRETA LINTHIS	(0 10)
S. Was Decease	d Ever in U. S. Armed Fo	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	, yes, give war ar as	225-01-81	35 CORENTHA JONE	S BACTIMONE
18. 11.	0.1 Hans	CAU	SE OF DEATH	INTERVAL BETWEEN
DISEA	SE OR CONDITION D	RECTLY	Mycardial Inguire	ONSET AND DEATH
	LEADING TO DEATH	201 201	LIMB OF ASUNG	MT 15 MI
	nal meon the made a , asthenia, etc. It mean	dying, e-s. DUE TO	)	
injury or co	mplicolian which couse	de chert	2000 3469	11 12 2475
	ANTECEDENT CAUSE	s & Total		
DISEASES	OR CONDITIONS, if	ONLY DUE TO		CT
rise lo I	he above couse (A)			1 d des
UNDERLIN	G CONDITION 10SI.	200	Aseun	V 42)
Z OTHER SIGN	III	CONTRIBUTION	0 0 0 110	
E TO THE	DEATH BUT NOT REL	ATED TO THE STORY	ACTURE OF HIS	3
19A. DATE C	F OPERATION 198. CO	NDITION FOR WHICH DERATION	20A. AUTOPSY? (Yes at No.) 20B. IF YES, W	ERE FINDINGS CONSIDERED
19A. DATE C	WAS PE	RED E E	yes in Certifing	CAUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	218. PLACE OF INJURY		imare City, give exact lacation)
	y medical examiner)	elc.) HOME	5312 Kenil	vorth alex
O 21D. TIME	(Manth) (Day) (Year	(Hour) 21E INJURY OCCURRED	ATF. HOW DID INJURY OCCUR?	
OF INJURY	7-27-67 11.		While work thell going to	tallerman
		ol) attended the deceased from	-	
				opinian deoth occurred on the
		oted obave. (1) (We) (did) (did n		
23A. SIGNAT	URE 1 00	C	RRIVENT	238. DATE SIGNED
1/1	heray 16.	Julyan M.D.	Allending Med. Slaff Phys. Director Phys.	11-11-13
23C.PHYSICI			23D. ADDRESS	
mic		SIEGHC	M.D. UNIURICATION 18.	SALLAC
24A. BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY	CREMATORY 24D. LOCATION	(City, tawn, or county) (State
REMOVAL	Sugar 1 1/15/	61 Scott- 7 mil	Am hand 1/	cairie
25A, DATE REC'	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	172 ADDRESS
4	VOV 1 4 1967	DO BE S STATUM	MARCHAIL IN LOWER LO	1115 00 115

0. 1-11-8-1

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ATTHORES

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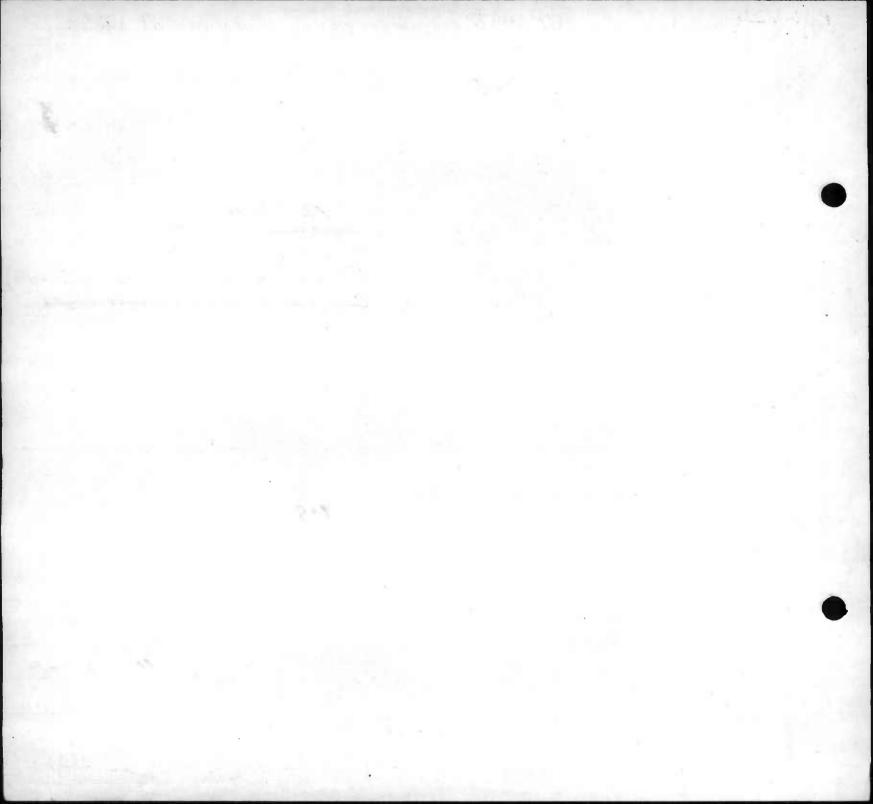
270

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

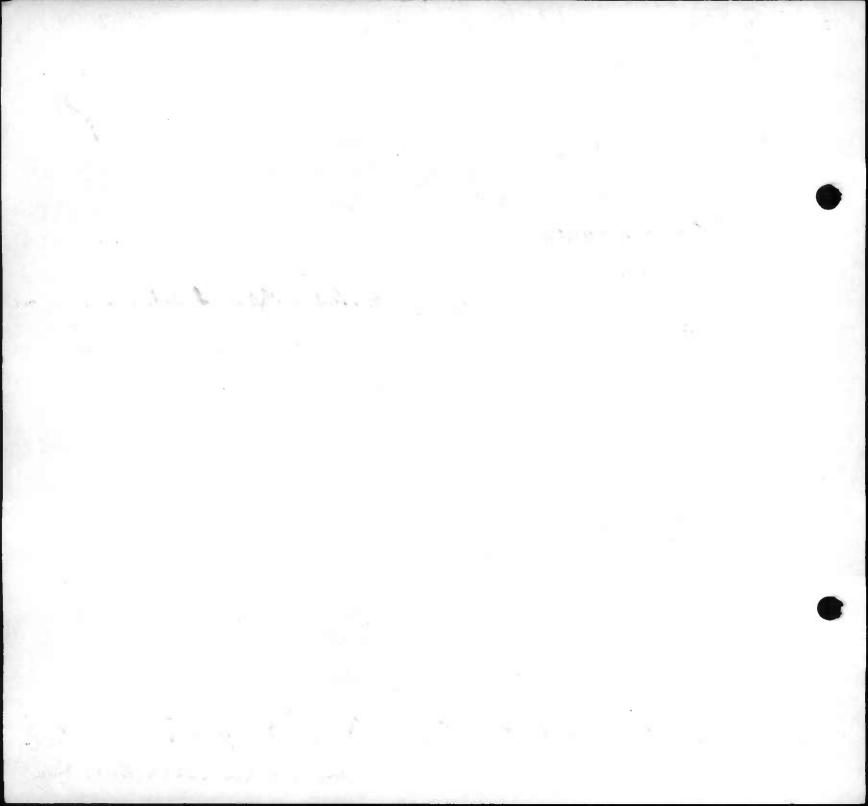
5	OH AD	BALTIMORE CITY HI	EALTH DEPARTMENT	0	T ADDING		
	BIRTH NO. 67 1U	CERTIFICATI	CERTIFICATE OF DEATH  Registered No. 67 10872				
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  THOMAS MO	REAN. SP	SUNNOVEM 1800 12/12 6: 20 PM				
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		USUAL RESIDENCE (Where	Υ	tion: residence before admission)		
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR address ar lacation) INSTITUTION		. CITY OR TOWN (If outs	ide city limits, wife RUE	AL and give township)		
3/	FRANKLIN SQUARE	HOSPITALO	STREET ADDRESS (II)	youter oral, give lacation)	2301		
0			120 W. FORT AVE 31230				
made		MED, NEVER MARRIED WED, DIVORGED (specify)  1 PRICE		ast birthday)	Under 1 Yı. If Under 24 His. onths Doys Hours Min.		
ion is	dane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11.	BIRTHPLACE Store of the S	Brong em	2. CITIZEN OF WHAT COUNTRY?		
disposition	13. FATHER'S NAME		MOTHERS MAIDEN NAM	OSTER	23.4		
	15. Wos Deceased Ever in U. S. Armed Forces?	16. SOCIAL 17.	INFORMATION BOM	F. mon	MAPORESS - (WIFE		
final	(Yes, no al univown) (If yes, give wor or dates of pervi	0-10-065 A	7		11-212		
orf	18. 491XI	CAUSE OF I	DEATH CLARENCE OF THE PROPERTY	nie	INTERVAL BETWEEN ONSET AND DEATH		
ped	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	and the	fuller			
embalmed	(This daes not mean the made of dying, heart lailuie, osthenia, etc. It means the dise	e.g., DUE TO	1	00	8 00000 00000 00000 0000 00000 00000 0000		
E	injury or complication which coused death.)  ANTECEDENT CAUSES	(B)	Anning.	Edlar			
are	DISEASES OR CONDITIONS, if any, give						
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	1he (C)		0 0 1.000000 0 0 0 0 0 0 0 0 1.00000 bdb 1.0000000000	are and 0 a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING					
9	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE					
e the	198. CONDITION FOR PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Kell or No)	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?		
before	OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominet)	21B. PLACE OF INJURY (e.g., in a home, faim, foctory, street, office etc.)	r about 21°C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci	ty, give exact lacation)		
	OF INJURY  (Manth) (Doy) (Year) (Hous)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	To 2 1/17 TH		
ained	(APPROX)	Wark Nat While At Work		1/0			
obt	22. I certify that (I) (this hospital) attend	1/01/. 10		967 10 1000	19 6 7.		
pe	that (I) (we) last saw the deceased alive and haur and fram the causes stated abov	** • • • • • • • • • • • • • • • • • •		t in (my) ( <u>aur)</u> apinio	n death occurred on the dote		
must	23A. SIGNATURE	e. (1) ( <u></u> (eta 1101) vie	w the budy utter death.		B. DATE SIGNED		
alu	Triber V. Ha	M.D. Attendi		Staff Phys.	11-12-67		
prov	23C. PHYSICIAN'S NAME (Type)	LUNA M.D.	FLANKLIN	SQUME	HOSPITM		
written approval	24A. BURIAL CREMATION, 24B. DATE THOR 24	C. NAME OF CEMETERY OF CREM	ATORY 248. 10	CATION ISIN,	tawn, ar county) (State)		
tte	25A, DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	DAS FUNERAL DIRECTOR	URTIS E. E.	IANS		
*	NOV 14 1967 Rober	& E. FarleyMA C	atille 1	4005, CHBA	Les _ 2/230		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

CH AC	BALTIMORE CITY	HEALTH DEPARTMENT		. 62		
CERTIFICATE OF DEATH  Registered No. 105067 10873						
M.E. CASE NO.  1, NAME OF DECEASED	02/(1/110/		AND HOUR OF DEAT	Н		
(Type or Print)						
Harris, Theodore  3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE W	0/67 here deceased lived. If	institution: residence before odiffussion)		
		A, STATE B. COL	INTY			
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or lacotion)	tion, give street	Maryland		2002		
INSTITUTION		C. CITY OR TOWN	outside city limits, write	RURAL on give township		
90		Baltimore D. STREET ADDRESS	If rurol, give location)	7 00		
Bolton Hill Convalescent	& Nursing Ctr.					
5, SEX   6. RACE   7. MAR	RIED, NEVER MARRIED	8, DATE OF BIRTH	ylvapia Ave	f Under 1 Yr. If Under 24 Hrs.		
WiD	OWED, DIVORCED (specify)	O, DATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Month's Doys Hours Min.		
M Negro 10A, USUAL OCCUPATION (GIVe kind of work 10 B. KIN	arried	11. BIRTHPLACE (Stote or fo	84	12, CITIZEN OF		
done during most of working life, even il retired)	D OF BOSINESS OK INDOSIKE	II. BIRIHPLACE (Store of to	reign country)	WHAT COUNTRY?		
me interior may		Virginia		II S		
13. FATHER'S NAME		14. MOTHER SMAIDEN N	AME			
Warmin Jaman		Manne				
Harris. James 15. Wos Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	Mary -	1	ADDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of serv		my marther	Harry 193	3/ Pennsylvania Gr		
110	213-02-1708	F DEATH	740 0000 0 710	INTERVAL BETWEEN		
18.331X	CAUSE	r DEATH	1.00	ONSET AND DEATH		
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		D. J 1- 10.	in let	NOT SOME INTE		
(This does not mean the made of dying,	e.g., DUE TO	elrovan alan (	a ceiment	gjesteres		
hearl failure, asthenia, etc. II means the dis injury or camplication which caused death.)	4 - 1					
ANTECEDENT CAUSES	(B) Ceul	browns cutan aut	enoderisis	years		
DUE TO						
DISEASES OR CONDITIONS, if any, g						
UNDERLYING CONDITION last.			. n.	· · · · · · · · · · · · · · · · · · ·		
_ 11						
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING	acralsubent	Tana makan	ue 10 dans		
DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	ZUA. AUTOPSY? (Tes or	IN CERTIFYING C	E FINDINGS CONSIDÉRED AUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21C WHERE DID	(If in Rolling	ore City, give exact location)		
_, OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	tii tii boliim	ore City, give exoct loconom		
	etc.)					
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?			
(APPROX.)	White At . Not Whi . At Work	le 🗌				
22. I certify that (I) (this hospital) attend	led the deceosed from		.19 to	19		
that (I) (we) lost saw the deceased alive		19 and	that in(mv) (aur) a	pinion death accurred on the date		
and have and from the causes stated aba						
23A. SIGNATURE	ver (1) (ne) (ata) (ata har)	view the body after death	10	23 B. DATE SIGNED		
	M.D. AH	ending Med.	Stoff			
> amoundanda	Phy	s. Director	Phy s.	1111016)		
23C-PHYSICIANS NAME (Type)		23 D. ADDRESS				
John W. Clark	M.D.					
	C. NAME OF CEMETERY OF CR	EMATORY 24D	LOCATION	(Stote)		
Bureal 11/14/67	mt, luhur	v Cemeleny V	Violent!	Dalumin ) mil		
	ME OF REGISTRAR	25C. FUNERAL DIRECT	OR V	ADDRESS		
MOV 1 4 1067 A 0	R. C. A. Daniella	1	0	211 1 1 1 1		

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BALTIMORE C	CITY HEALTH DEPARTMENT 67 10874						
BIRTH NO. M.E. CASE NO.  67 10874 CERTIFIC	CATE OF DEATH Registered No.						
M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH Q 50 A						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)						
	A. STATE B. COUNTY						
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	Maryland Baltimore  C. CHY OR TOWN (If outside city limits, write RURAL on give township)						
25, MAL HOSP OF Balta	D. STREET ADDRESS (If rurol, give location)						
a lions hell of the co.	4110 Amos Avenue						
5. SEX 6. RACE White Married, Never Married Widowed, Divorced (specify) Married	5-25-1907 60 yrs.						
tOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS done during most of working life, even if refired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CfTIZEN OF WHAT COUNTRY?						
Clerk	Baltimore, Md. USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
George A.Smith	May						
16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
NO 214-16-6388							
9917	ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CETTEBRAL LEUMORHAGE 1 DOY						
(This does not meon the mode of dying, e.g., DUE TO	CEREBRAL HEUMORHAGE 1 Day						
heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)							
ANTECEDENT CAUSES (B)	ARTERIOGELEROGIA						
DUE TO							
The state of the s	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C)						
UNDERLYING CONDITION lost.							
Y TO THE DEATH BUT NOT RELATED TO THE	BOPHERITIE ON						
U 19A DATE OF OPERATION 119R CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (6.	.g., in or about 21C. WHERE DID (If in Baltimare City, give exact location)						
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) home, form, foctory, stree etc.)	office bldg., NJURY OCCUR?						
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not	21F. HOW DID INJURY OCCUR?						
(APPROX.) While At Work At W	While Volk						
22. I certify that (I) (this haspital) attended the deceased from	11-8-67 19 10 11-9-67 19,						
that (I) (we) last sow the deceosed olive on A-9-6	-1.						
ond hour and from the couses stoted obove. (I) (We) (did) (did no	ot) view the body ofter death.  238, DATE SIGNED						
T No. On.	Attending Med. Stoff						
1 regral	Phys. Director Phys.						
123C. PHYSICIAN'S NAME (Type) TOMAS CONCEPCION N	A.D. Shai Kosp						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, lown, or county) (Stote)						
Burial 11-13-67 Woodlawn Cer	metery Baltimore, Maryland						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						
MUV 1 4 1301 (Color D & Jankey MA)	Ellsworth Armacost-4600 Liberty Hghts. Ave						

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Such

	00 10	BALTIMORE CITY	HEALTH DEPARTMENT		67 10000		
BIR	TH NO. 67 1U	875 CERTIFICA	TE OF DEATH	Registered No	67 10875		
	E. CASE NO. NAME OF DECEASED	GERTINIO,	DATE AN	ID HOUR OF DEATH			
	pe or Print)	St.			1		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	STORY		0 → 6 7 re deceased )ived. If in: ITY	stitution: residence before admission)		
- 11	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) INSTITUTION		Maryland Baltimore C. CITY OF TOWN (If outside city limits, write RURAL and give township)				
9	70		Baltimore D. STREET ADDRESS (If rural, give location)				
11 "	House in the Pines Belve	3138 Oakford Avenue					
5. :		IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.		
	emale White Mai	wed, DIVORCED (specify)	12-16-1893	10st birthdoy) 73			
	LUSUAL OCCUPATION (Give kind of work 10B. KINE of during mast of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fores	gn country)	12. CITIZEN OF WHAT COUNTRY?		
11	At Home		Baltimore, Ma	rvland	USA		
	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	Henry Waterman		Thune				
	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
"	NO	None	Elmer Storm-	7900 Dunhill	Village Circle		
$\vdash$	18. / / E V		F DEATH	700 Dullilli	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	0	1 2 1 0		ONSET AND DEATH		
	LEADING TO DEATH	Mel	my Phino Lendlarum	near of			
	(This daes not mean the made of dying,	e.g., DUE TO	- 201 Phine	L			
	heart failure, asthenia, etc. II means the dise injury ar camplication which caused death.)	ase,	Jan 1		-		
	ANTECEDENT CAUSES	(B) U	dendluren	- January			
	DISEASES OR CONDITIONS, if any, gir	DUE TO					
	rise to the above cause (A) stating						
	UNDERLYING CONDITION last.						
7	11	TIME					
TIOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO						
CA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B, IF YES. WERF F	INDINGS CONSIDERED		
TIFI	WAS PERFORMED	- The state of the	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	JSES OF DEATH?		
AL CER		21 B. PLACE OF INJURY (e.g., indicated and i	n or about 21 C. WHERE DID lfice bldg., INJURY OCCUR?	()f in Baltimare	City, give exact location)		
100		21E. INJURY OCCURRED	21F, HOW DID INJ	URY OCCUR?			
M M	OF INJURY	While At Not Whi	ie 🦳				
	(APPROX.)	Wark At Work	4	A-	1179		
	22. I certify that (I) (this haspital) attended	ed the deceased from	Mt 13	19/2/ to M	10 10		
	that (I) (we) last saw the deceased alive	on 1150 1110	19 ond th	at in(my) (aur) apir	nian death accurred on the date		
	and haur and from the causes stated abov		view the bady after death.				
	23A. SIGNATURE				23 B. DATE SIGNED		
	Mr anliby.	erly M.D. Att		Stoff Phys.	11/2967		
	23C. PHYSICIAN'S NAME (Type) M Ph h	Brenly M.D.	23D. ADDRESS 5820 400	12 KD			
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 248.	NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (Ci	ty, town, or county) (State)		

11-13-67 Druid Ridige Cemetery Balto, Maryland
HEALTH DEPT. | 25B. NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR ADDRESS Ellsworth Armacost-4600 Liberty Hghts. Ave 1.54 - - -

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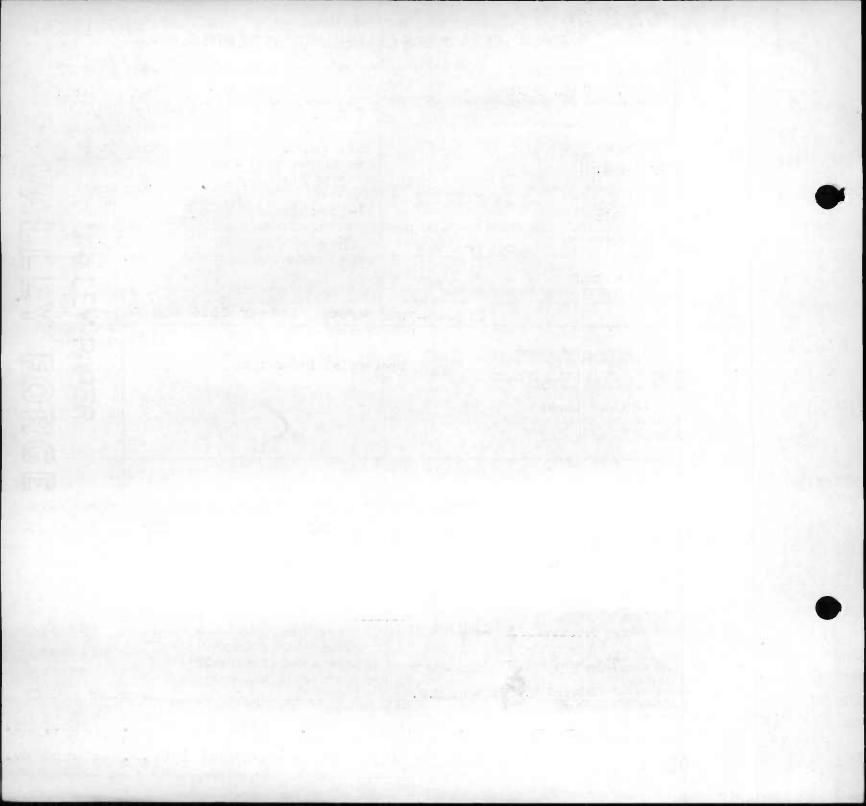
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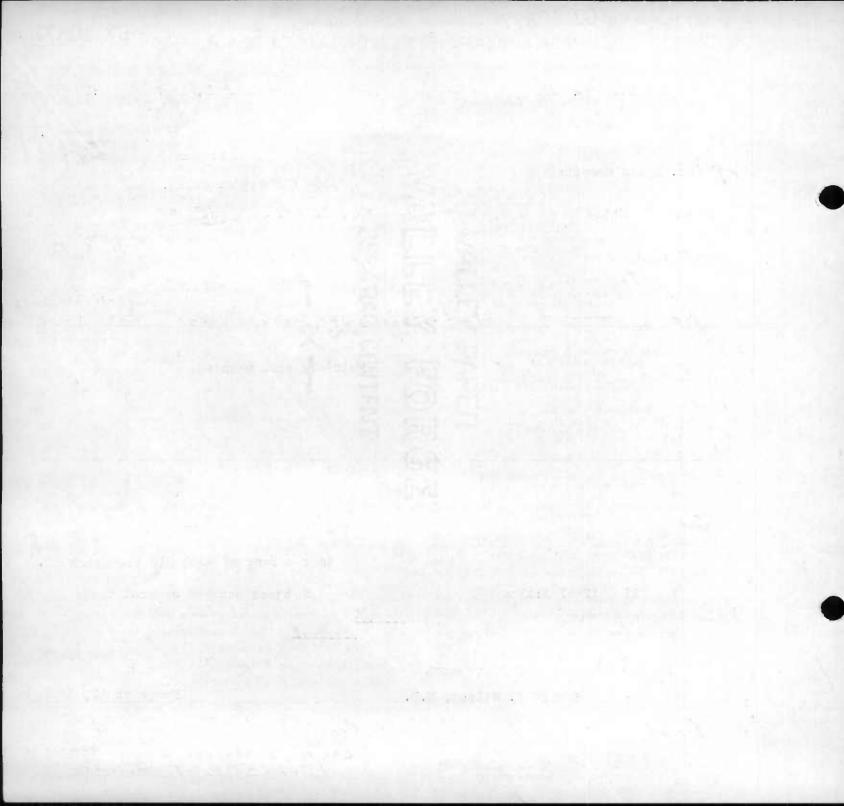
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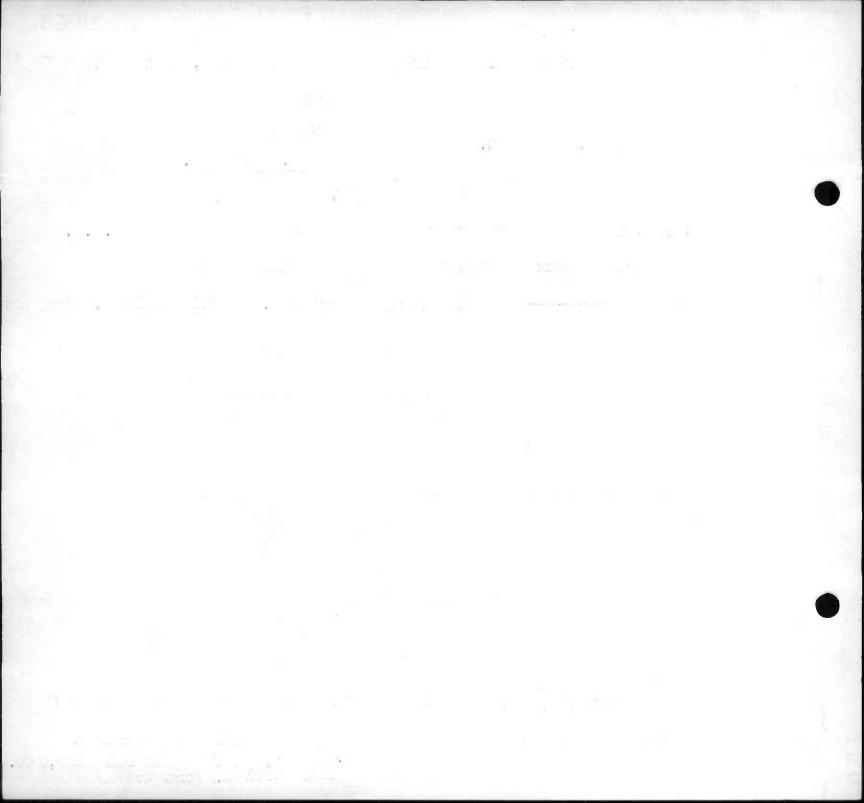
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BIRT	H NO. MED	ICAL EX	CAMINER'S C	ERTIFICATE (	OF DEATH Regist	ered No.		
	CASE NO.				X			
1. I (Ty	NAME OF DECEASED			2. DA	TE AND HOUR PRONOUNC			
3. P	CHARLES KAROL LACE IN BALTIMORE, MARYLAND, W		INCED DEAD	A. STATE	B. CO	titution: residence before admission)		
HD	L NAME OF (IF NOT IN HOSPIT, SPITAL DR ADDRESS OR LOCA	AL DR INSTITUTION)	JTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
City Hospital				D. STREET ADDRESS (If rural, give location)				
5. S	ex 6.RACE Male White		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH  3-15-1885	9. AGE (In years lost birthdoy)			
IOA	USUAL OCCUPATION (Give kind of work during most of working lite, even if retired) Retired	Groc		Chez	or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13.1	Karol Kaizer			14. MOTHER'S MAIDEN	INAME			
	WAS DECEASED EVER IN U.S. ARMED , no or unknown) (If yes, give wor or dote		16, SOCIAL SECURITY NO. 213-48-3680	17. INFORMANT	aŭzer 7636 O	ADDRESS Rd.  Id Battle Grove		
ATION	DISEASE OR CONDITION DI LEADING TO DEATH (This does not meen the mode of heart failure, astheria, etc. It means injury or complication which coused  ANTECEPENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	dying e.g., the discose, deoth.)  S INY, GIVING TATING THE	(A)	of DEATH	rction	ONSET AND DEATH		
CERTIFICATION		LATED TO TO TO IT.		20 A. AUTOPSY? (Yes	or No) 208, IF YES, WERE F			
7	WAS PER	218,	PLACE OF INJURY (e.g.,	YES	DID (If in Boltimore City,	YES		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.    DATE								
	BURIAL CREMATION, 238 DATE	23	Ison, M.D.			December 4, 1967 y, town, or county) (Stote)		
24			St. Stanis			n St. Balto., Md		
244	DEC 4 1967	Robert	E. Farly	Marie F		00 S. Kenwood Av		





	K-245	· 100		HEALTH DEPARTMENT		67 10978	
	E. CASE NO.	7 108	78 CERTIFICA	TE OF DEATH	Registered Na.	07 10070	
	pe of Print) Gene	vieve	M. Keseling		mber 8, 19		
3. 1	PLACE OF DEATH IN BALTIMO	RE, MARYLAND		A. STATE B. COU		nstitution: residence before admission)	
	FULL NAME OF (If not in I	hospitol or institu	ation, give street	Maryland			
	O 1116 S. Carey St.			C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore			
(				D. STREET ADDRESS (If rurol, give locotion) 1116 S. Carey St.			
5. 5	F 6. RACE		RRIED, NEVER MARRIED OWED, DIVORCED (specify) Married	8. DATE OF BIRTH 2/27/22	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	USUAL OCCUPATION (Give king during most of working life, even if Stock Held		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for Maryls	_	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13.	FATHERS NAME			14. MOTHER'S MAIDEN NA		0.0.11	
	Frank	বিছা বল	Bulotwic	Lotti	e Bethne	r	
15. (Ye	Was Deceased Ever in U. S. Ar s,no or unknown) (If yes, give wa	med Forces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	No		219-07-879	O Charles F.	Keseling	1116 S. Carey S	
	18.420,11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITI		Co	moran Oc	De lust	1 four	
		(This does not mean the mode of dying, e.g.,					
	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)						
	ANTECEDENT CAUSES DUE TO MOUTH						
	tise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.						
ATION	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO	T RELATED TO					
ICA]	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION			20A. AUTOPSY? (Yes or h		FINDINGS CONSIDERED	
ERTIFIC	WAS PERFORMED			ano-	IN CERTIFYING CA	USES OF DEATH?	
AL C	D 2TA. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in a local contribution of the contribution o			n ar about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimor	re City, give exact location)	
EDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. OF INJURY While		21 E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
ξ			While At Not While Work At Work			/-	
	22. I certify that (1) (this h	aspital) atten	ded the deceased from	128	1967 10 (	(8 1967.	
	that (1) (we) last saw the d	leceosed olive	on ((/5			inian death accurred on the date	
	and hour and from the cous	es stated abo	ve. (1) (We) (did) (did nat)	view the bady after death			
	23A. SIGNATURE	10	a			23B, DATE SIGNED	
	Hary	We	Phy		Stoff Phys.	November 11,196	
	PAME (Type)	+ Dei	bel M.D. M.D.	1226, S.	HANDUE	er Street	
24/	A. BURIAL CREMATION, 24B. D. REMOVAL (Specify)	ATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, or county) (State)	
	Burial 11	/13/67	Loudon Park C	emetery	Baltimore	Maryland	
254	NOV 1 4 1967	25B. NA	AME OF REGISTRAR	Charles L.	) R	Funeral Home, Inc	
VS	150-REV. 1/1/65					V AVERUS	



BALTIMORE CITY HEALTH DEPARTMENT

THE POST COUNTY MINER 8 P 62-72-8 World W 14 Though Complement Original - -The second second the second troper Library H - income I C

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of dearm
shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (3) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written government he obtained hetere the remains are embalmed or final disposition is made.

67	10880	BALTIMORE CITY	HEALTH DEPARTMENT	1 /	05 10000
BIRTH NO.	TOCO	CERTIFICA	TE OF DEATH	Registered No.	67 10880
I, NAME OF DECEASED			2 DATE AND	HOUR OF DEATH	
(Type or Print) HALL.	FLORENCE	CE A.	11-	9-67	111-45 P.M.
FULL NAME OF (If not in hospi	itol or institution, give	DED street 11-14-67	A. STATE 8. COUNT	and	Bally Co
HOSPITAL OR oddress or local	1 of Ma	11-11-01	C. CITY OR TOWN IN outs	ide city limits, write RU	JRAL and give township)
Lutheran Honpira	1 9 1-11	yound		urol, give lacation)	2/227
40	7. MARRIED, NEV	ATD AAA DDIED		herial Ct	21227
5. SEX 6. RACE	WIDOWED, DI	VORCED (specify)	12-26-54	8-2-81	II Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of a done during most of working life, even if retire Housewife		SINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	in country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME			14. MOTHER'S MAIDEN NAM	1E	
	Tile over		Thankson	Ada	Sydnor
15. Wes Deceased Ever in U. S. Armed	Ferces? 16.	SOCIAL	17. INFORMANT	- Add	BaltoADDRESS #21227
(Yes, no or unknawn) (II yes, give war ar	dotes al service)	SECURITY NO.	1	Douglas, 922	Imperial Court,
18. 493XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISÉASE OR CONDITION LEADING TO DEA		(A) Co	romony occh	wim	3 days
(This does not mean the mode heart failure, asthenia, etc. It me	ans the disease,	DUE TO	in a First Constitution about a six the second and a second and a business by and a six		
injury ar camplication which cou		(B)	neumonia		//
DISEASES OR CONDITIONS,		DUE TO	recognosco de distribución de code en filo e finalización e in a figura conserva	Λ	
rise la the obave cause (		(c) P1	Umonory O	edema	4
UNDERLYING CONDITION last.			/		
OTHER SIGNIFICANT CONDITION: TO THE DEATH BUT NOT F DISEASE OR CONDITION CAUSIN	RELATED TO THE				
19A. DATE OF OPERATION 198. C	CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	G 21 B. PLA home, 1 etc.)	CE OF INJURY (e.g., in orm, factary, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimare	City, give exact lacation)
21D. TIME (Manth) (Doy) (YOU OF INJURY (APPROX.)	ear) (Hour) 21E, INJ While A Work	URY OCCURRED  Not Whill At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (I) (this hosp			11-1	967 10 11	- 9 - 19 6 7
that (I) (we) lost saw the dece		11-9-	19 6 7 ond the	/	ion deoth occurred on the dote
ond hour and fram the couses	4 1	(e) (did) (did not) v	riew the body ofter deoth.		23B. DATE SIGNED
thail m	Joshi	M.D. Atte	ending Med.	Stoff Phys.	11-9-67
23C. PHYSICIAN'S NAME (Type)	/	Phy	23D. ADDRESS 1 1/	an Hospital	1 Hayland
HNIL M.	-JOSHI	M.D.	730 Ashbru	for St. Ba	Mhmore MD. 212/6
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) Burial  /// >	1:	ields Bapti		cation (City	town, or county! (State)
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF R		Howard H. Hubba	ard 4107 Wil	kens Ave.
1141 7 3 1301	ULLYNI C.	CLANCUFUR	Baltimore, Mar	yland 21229	

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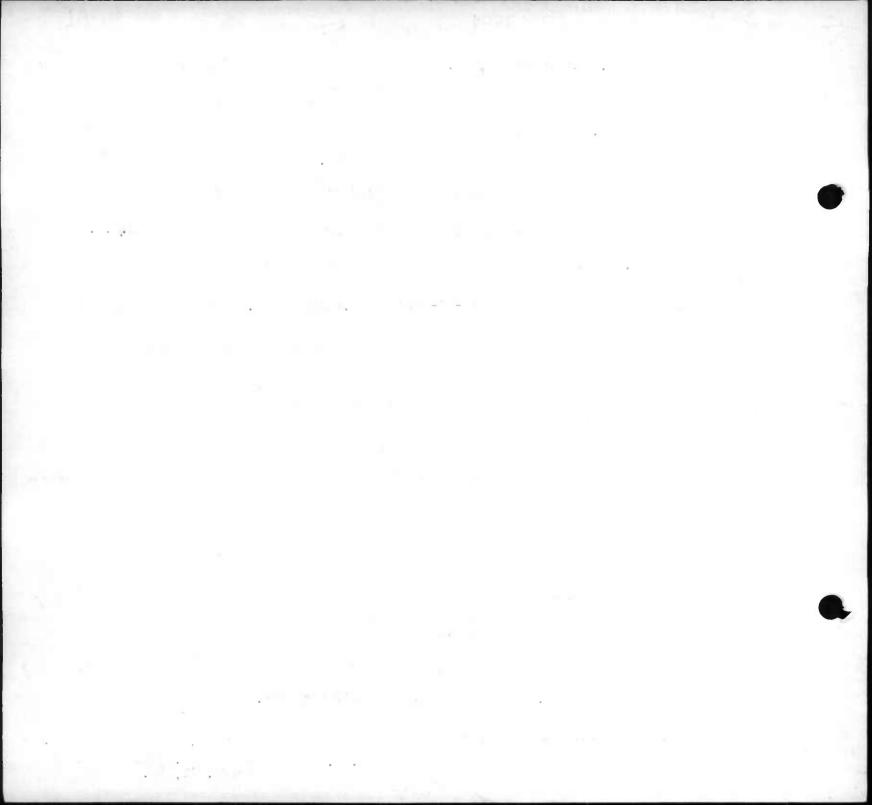
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M.I	che che	Pf	

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are ambalmed or final discourts. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital ar

	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 10881							
	BIRTH NO.  M.E. CASE NO.  67 10881 CERTIFICA	ATE OF DEATH Registered No.	1.0001							
	M.E. CASE NO.  1. NAME OF DECEASED (Type or Print)  C. DeMoss Emmons, Jr.	2. DATE AND HOUR OF DEATH November 13. 1967	2 P. M							
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE 8. COUNTY Maryland	itution: residence before admission)							
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	IRAL and give (ownship)							
	100 W. Coldspring Lane	Baltimore D. STREET ADDRESS (If rural, give location)	21-11							
	00	100 W. Coldspring Lane								
300	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,							
disposition is	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working lite, even if retired)  Consultant  Management	Y 11. BIRTHPLACE (State or foreign country)  New Jersey	12. CITIZEN OF WHAT COUNTRY?							
051	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Sp	Charles D. Emmons	Bertha Ewart								
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unk wn)(If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS							
tinal	No 216-01-6514	Mrs. Elizabeth G. Emmons	(Same)							
0		OF DEATH	INTERVAL BETWEEN							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PIRATINI PAIFIMAN	1 72 UPS							
palmed	(This does not meon the mode of dying, e.g., DUE TO	STICATION TO LUTTON	4 / 2 /Thuy							
0	heart failure, asthenia, etc. It means the disease, injury or complication which coused death,)	heart failure, asthenia, etc. It means the disease,								
E 0	ANTECEDENT CAUSES (B) METASTATIC CARCINOMA ONE YR									
Gre	DISEASES OR CONDITIONS, if ony, giving									
	rise to the obove couse (A) stoting the (C)		***************************************							
	11									
the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ASCVD C	ATRIAL FIBRILLATION	8 MONTHS							
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
beto	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, foctory, street, olfice bldg., INJURY OCCUR?									
btgined betore	U OF INJURY	Vhile At Not While								
	22. I certify that (1) (this hospital) attended the deceased from telt. 1958 to November 13 1967									
0 0	that (1) (we) lost sow the deceased alive on November	12 19 6 7 and that in (my) (out) opini	on death occurred on the date							
	and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter death.								
must	23A. SIGNATURE  Carlet L. Seath M.D. Attending Med. Stoff Phys. No. 14. 1967									
approval	23C. PHYSICIAN'S NAME (Type) Carlton L. Sexton M.D.	23D. ADDRESS 819 Park Ave.	1,101							
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMETERY OF	REMATORY 24D. LOCATION (City,	, lown, or county) (State)							
Ten	Burial 11/15/67 Druid Ridge	Pikesville,	Md							
Written	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1967	H. W. Jenkins & Sons Co. 4 Balto. 12.	1905 YorlerRoad							

VS 150-REV. 1/1/65



		67 10	2880	ALTIMORE CITY HEAL	TH DEPARTME	ENT	1		67 1000	0
				AMINER'S CE			EATH Register	ed No	57 1088	C
1.	E. CASE NO.  NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD		_
		orah (DEBBIE)	PRIVOT	T NCED DEAD	4. USUAL RES	Novmeb	er 12, 1967	ution: res	12:00 a	M.
FUI	LL NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TO	Maryland OWN Of outside	corporate limits, write	RURAL	and give tawnship)	
)	Unive	rsity Hospita	al		D. STREET AD	DRESS (If rural, gi	ive location) 0-83-Glen Bi	urni	2 2 2 2 2 2	_
5. S		6. RACE	WIDO WED,	OIVORCED (specify)	B. DATE OF BIE	тн	9. AGE (In years last birthday)	If Unde	er 1 Yr. If Under 24	Hrs. Ain.
don	e during most of w	mployed	108. KIND OF	r Married Business of Industry	Balti	More, Me		12. CITI	ZEN OF AT COUNTRY? USA	
15	Unkn	OWN	EODCES?	16. 50 CIAL	Unkno			ADDRES		-1
(Yes		(If yes, give wor or dote		SECURITY NO.			oward 204			St.
NOI	(This does n he of foilure, injury or con A DISEASES ( RISE TO THI	E OR CONDITION DIL LEADING TO DEATH tot meon the mode of osthenia, etc. It means inplication which coused of NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST.	dying, e.g., the disease, death.)  NY, GIVING		OF DEATH	aumatic in	njuries		INTERVAL BETWO	
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO TH			***********				
CER	19A. DATE OF	OPERATION 198, CON WAS PERI		VHICH OPERATION	No No		B. IF YES, WERE FIN I CERTIFYING CAUSE			
MEDICAL		(Month) (Doy) (Yeor 11 11 67 7 ify that I held on Inted from: Noturol country of the country o	(Hour) 21 :10 pm. W	Inspection X Auto	OPSY OPSY CHIEF	Pel Rd. & HOW DID INJURY Subject	Paul Drive r occur?  passenger i basis, death in my determined manner MINER  MINER  MINER  MINER	- G	len Haven, to-auto co	Count
RE/	MOVAL (Specify	MATION, 23B DATE	230	C. NAME OF CEMETERY OF		23 D. LO	CATION (City,	town, or	county) (State	e)
	Burial A. DATE REC'D N		24B, NAME	Lorraine Pa of registrar 2. Failwyta	24C. FUNE	RAL DIRECTOR	timore & Sons Co		Address 05 York F	

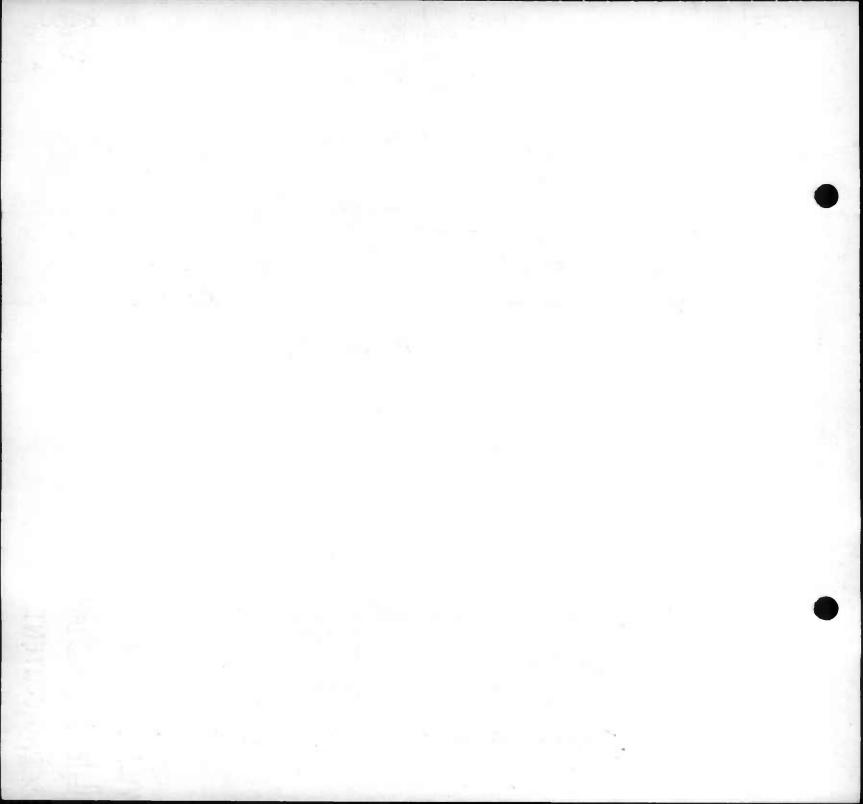
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25A. DATE REC'D BY HEALTH

VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		CT 40000
BIRTH NO. 67 1U	883 CEPTIFICA	TE OF DEATH	Registered Na	D/ 10222
M.E. CASE NO.	CERTIFICA			
1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) EVA M. U	EST	11-6	-61	10 - A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE	deceosed lived, If institu	tion: residence before admission)
FULL NAME OF (If not in hospital or institution) INSTITUTION		C. CITY OR TOWN (If outsid	e city limits, write RUR	AL and give township)
NOATH CHAR	LES GENE	D2//1000)	r	22-03
TRAL HOSpiTAL			al give location)	<i>†</i> .
	ED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years   If	Under 1 Yr. , If Under 24 Hrs.
F W	WIOOWED	10-2-89	78	onths Doys Hours Min.
done during most of working life, even if retired	OF BUSINESS OR INDUSTRY	VIR SINIA		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Will. HARRIS		ViREINI		
15. Was Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT /		ADDRESS
(Yes, na or unknown) (If yes, give war ar dates of servi	SECURITY NO. 220-24-402	& Chart	- HorTh Chan	Les General Hosp,
18/2 3 7 X I	CAUSE O	<u> </u>		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	100			ONSET AND DEATH
LEADING TO DEATH	BA	AIN TUMOR		
(This does not mean the mode of dying,	(A) DUE TO	AIN I DAINK		
heart foilure, asthenia, etc. It meons the dise				
injury ar complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gir				
rise to the above cause (A) sloting				
UNDERLYING CONDITION last.		,	10.00.00.00.00.00.00.00.00.00.00.00.00.0	
II .				-
Z OTHER SIGNIFICANT COMPUTIONS CONTRIBUT	TING THE			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	n of phout 215, WHERE DID	(If in Boltimore Ci	ty, give exact location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, aret.	ffice bldg., INJURY OCCUR?	We the partitions of	in, gre exect location
Q 21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F, HOW DID INJUR	Y OCCUR?	
OF INJURY (APPROX.)	While At Not Whil			
TATE OF THE PARTY	Work At Wark			
22. I certify that (1) (this hospital) attend	ed the deceased fram	0-16-6/ 19	to // - 6	19
that(1)(we) last saw the deceased alive	on 11-6-67	19 and that		n death accurred an the date
			(Sol) aprilla	
and haur and fram the causes stated abov	e. (1) (We) (did) (did nat) v	view the bady after death.		
23A. SIGNATURE	7		23	B. DATE SIGNED
Sidilayores	M.D. Atte	ending Med. Sto	off lys.	
23C. PHYSICIAN'S		23D. ADDRESS	у з. ш	
NAME (Type) 6. de la Te	RRE M.D.	North Chan	eles ben	. Hospital
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	EMATORY 24D. LOC	ATION (City	town, or county) (State)
REMOVAL (Specify)	P. 12- 4:11 1		ITIMALE	Md

Charleton

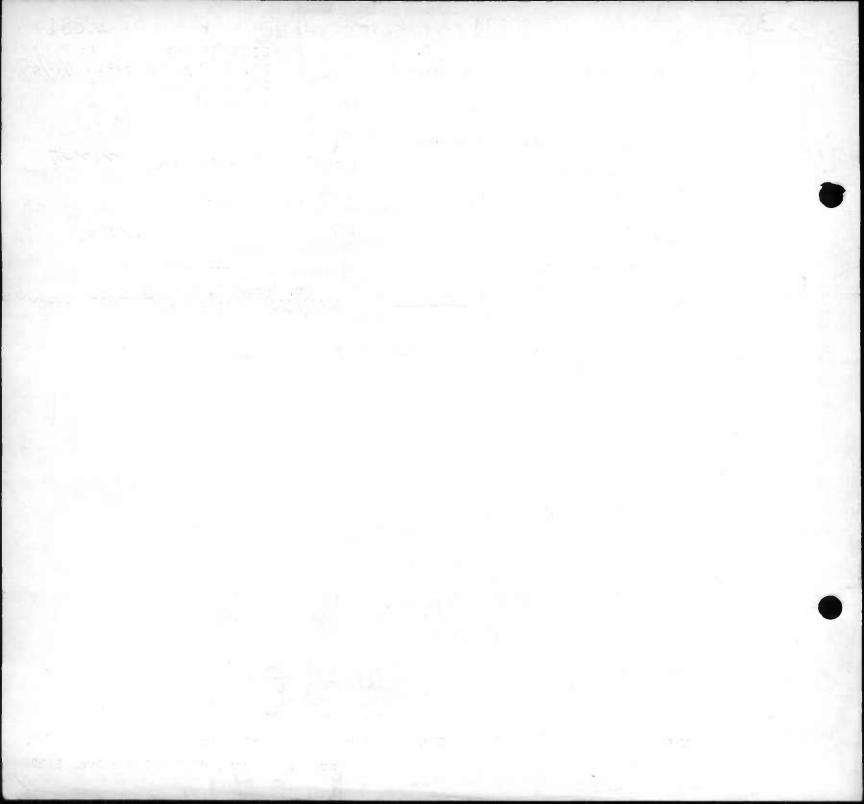


-		/ January	1000		CITY HEALTH DEPART				11 4 13 00 0
A.F. C	NO. CASE NO.	67	1088	4 CERTIFIC	CATE OF DEA	ATH	Registered I	10.	1088
.NAN	AE OF DECEASED			S.	2.	DATE AND	HOUR OF DEA	THE CE,	. 66
, ,	LINDHE	R A	LICK	JUHHAW		DR	. MOSBEZ	134	A-1220 11,
. PLA	CE OF DEATH IN BAL	TIMORE, MARY	TLAND		4. USUAL RESIDEN	B. COLUNTY	deceased lived.	Institution	residence before
EIII	L NAME OF (If no	t in hospitol or	institution of	una eleant	mo		-45-61	15	Balks (
HO!	SPITAL OR oddre	ess or locotion)		As 24661	C. CITY OR TOWN			rite RURAL	
1142	TITUTION				BALTO				53.
	28 UNI	VERSI	TY H	OSPMAL	D. STREET ADDRES	SS (If rur	ol, give location	)	
4			•		8305	CHAN	MEX	DR	アノアと
S EX	6. RACE	7		NEVER MARRIED	B. DATE OF BIRTH		AGE (In years		nder 1 Yr. , If Un
	= u	)	WIDOWED,	DIVORCED (specify	4/2/0	)	st birthdoyl	Nonn	hs Doys Hours
			OB. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Se	ote or foreign	-		ITIZEN OF
done di	uring most of working life, e	ven if retired)			Va.			V	VHAT COUNTRY?
2 541	THER'S NAME				14. MOTHER'S MA	IDENI NI A NAI			V34
		4							
N	MTHAN O	3RIS TO	200		MAGE		-		
5. Wo Yes, no	s Deceased Ever in U. or unknown) (If yes, give	S. Armed Force	of service)	16. SOCIAL SECURITY NO.	17. INFORMANTMY	. Jose	ph J. Li	ndner	ADDRESS
	No				- 4USE	doll	8305 C	harmel	Drive :
18.	193,0	1		CAUS	E OF DEATH				INTERVAL BET
	DISEASE OR CON		CTLY						ONSET AND
	LEADING	TO DEATH		(A) G	110BLASTO.	mA (	D FRIM	TAL	3-4 mil
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				DUE TO					
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he	earl foilure, osthenio, e	tc. It meons I hich caused o	lhe diseose,	400					
he	earl foilure, osthenio, e njury or complication w ANTECEDE	tc. It meons I hich caused o	the diseose, death.)	(B)					
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VS 150-REV. 1/1/65

Burial 11/13/67 Loudon Park Cemetery Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Howard H. Hubbard, 4107 Wilkens Ave. 21229



a hospital and

was in regular attendance on the

death

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced

certificate must be approved by the chief medical examiner or his assistant if death occurred in

FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address ar location)  A. STATE B. COUNTY  Maryland  C. CITY OF TOWN (15 artists)	11117 19 19 1111
HOSPITAL OR address or location)	declared lived. Il institution: residence bofare admis-
INSTITUTION TO THE OUTSI	
Baltimore City Hospitals   Baltimore	de city limits, write KUKAL and give township
Baltimore, Maryland 21224 400 Colleen	•
Male White Widowed, Divorced (specify) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AGE (In years of Manths Days Haurs Mir
10A, USUAL OCCUPATION (Give kind of work loss, KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign dane during most of working lite, even if retired)	WHAT COUNTRY?
Press Operator A.F. & G Tool & Dye Maryland 13. FATHER'S NAME	U.S.A.
Henry Nieberlein Louise	
15. Was Deceased Ever in U. S. Armod Forcos? (Yes, no or unknawn) (If yes, give wor or dotes of service)  Yes  WWII  16. SOCIAL SECURITY NO. 213-01-4717  RESERVANT  OF COMMAND TOTAL SECURITY NO.	Nieberlein,400 Colleen Rd
18. 4 S XI CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	to me it
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. II meons the disease,	to to meanter
ANTECEDENT CAUSES  (8)  DUE TO	70 muntes
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	leg atleast/blago
UNDERLYING CONDITION lost.	7
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF Lorm, foctory, street, office bldg., INJURY OCCUR?	(If in Baltimore City, give exact lacation)
21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY (APPROX.) While At Work At Wark	RY OCCUR?
	67 10 11/0 1965
22. I certify that (I) (this haspital) oftended the deceased from	. (1)
22. I certify that (I) (this haspital) gittended the deceosed from 19	in(my) (our) opinion death accurred an the
22. I certify that (I) (this haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	in my) (our) opidion death accurred an the
22. I certify that (I) (this haspital) attended the deceased from 19 24 19 that (I) (we) lost sow the deceased above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE	23B. DATE SIGNED
22. I certify that (I) (this haspital) oftended the deceosed from	atern Avenue, Baltimore, Mary
22. I certify that (I) (this haspital) gitended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	23B. DATE SIGNED
22. I certify that (I) (this haspital) oftended the deceosed from	toll / F/67 stern Avenue, Baltimore, Mary

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.
NOV 14 1967

Howard H. Hubbard, 4107 Wilkens Ave. 21229



hospital

4

kind;

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<u>e</u>

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to the hospital by

the body was released shows: (1) An accident

any nature;

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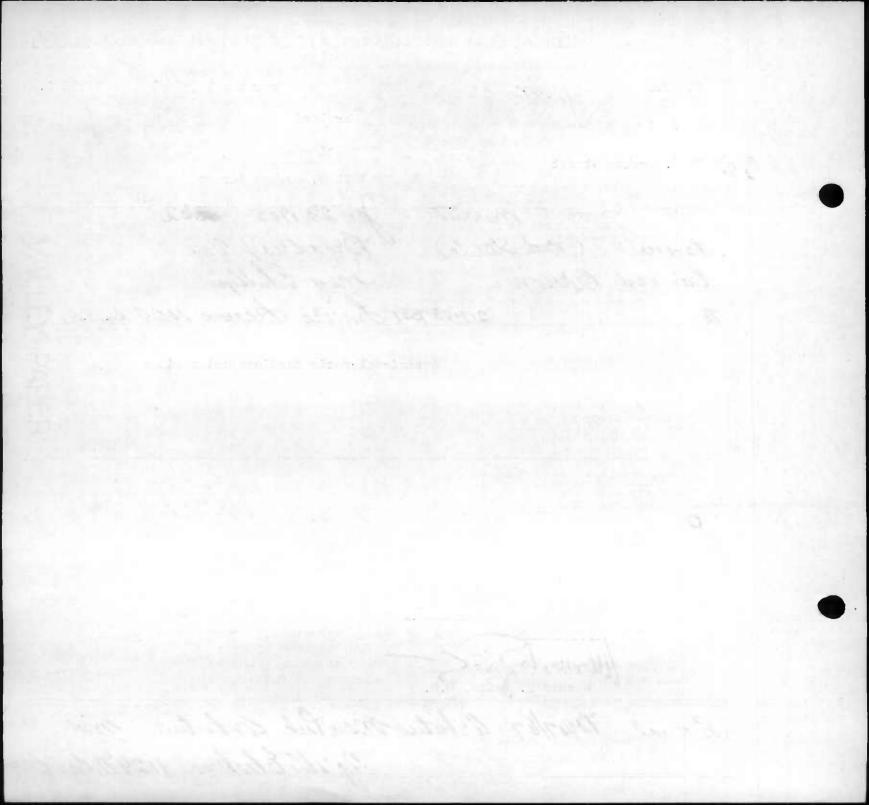
pronounced

t or contributing cause of death() Undetermined cause; (5) Deceased as in regular attendance on the BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Lula V. Reinhardt 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) INSTITUTION 0 411 Annabel Ave. prior Baltimore, Maryland 21225 made. regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED deceased WIDOWED, DIVORCED (specify) Bemale White Widowed disposition done during most of working life, even if retired) Housewife 13. FATHER'S NAME the death LO 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance No 214-54-7525 0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, regular injury at camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) slating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING where OR CONTRIBUTING CAUSE OF °N DEATH (notity medical examiner) be obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 9 OF INJURY (except While At Not While (APPROX.) and At Work 22. I certify that (I) (this haspital) attended the deceased from eath); that (I) (we) lost sow the deceased alive on hospital 23A, SIGNATURE 40 approval 23C-PHYSICIAN'S eceased prior = NAME (Type) M.D. Samuel Rubin 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 11/14/67 Burial Holy Cross Cemetery 25A. DATE REC'D. BY 25B. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT 10886 CERTIFICATE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH November 10, 1967 4. USUAL RESIDENCE (Where deceosed lived. It institution: residence before admission)
A. STATE
B. COUNTY Maryland C. CITY OR TOWN (It outside city limits, write RURAL and give Baltimore D. STREET ADDRESS (If rural, give location All Annabel Ave. 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours lost birthdoy Nov. 9, 1888 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Howard Co. Md. U. S. A. 4. MOTHER'S MAIDEN NAME 17. INFORMANT ADDRESS 21225 Mr. Melvin G. Reinhardt All Annabel Ave CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH (A) Hypertensive cardio-vascular 2-3 yrs (B) Arterio-sclerosis 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (It in Bottimore City, give exact location) home, torm, foctory, street, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 ond that in (my) (our) apinian death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23B. DATE SIGNED Attending Phys. Stoff 11/13/67 Director 23 D. ADDRESS 203 E. Patapsco Avenue Baltimore. Md. 24C. NAME of CEMETERY OF CREMATORY Anne Arundel Co. 25C. FUNERAL DIRECTOR 237 Patapaco Ave. VS 150-REV. 1/1/65

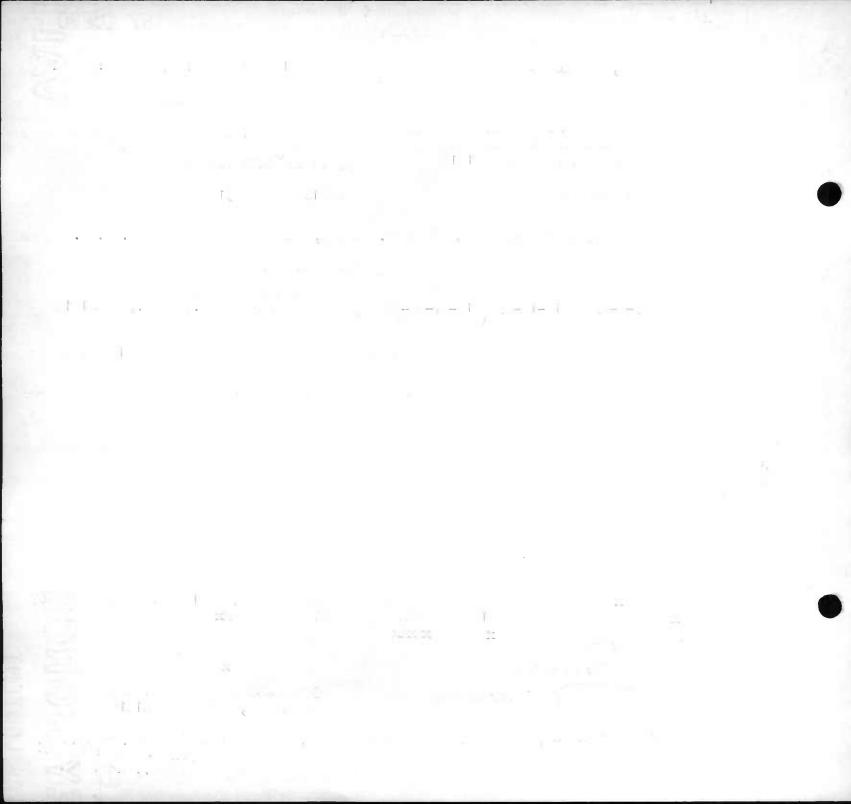
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		67 1	0887	BALTIMORE CITY HEAL	LTH DEPART	MENT			C7 40087
BIR	TH NO. Salis			AMINER'S C			EATH Regis	tered No.	67 10887
M.	E CASE NO.	/					/		
1. (Ty	Pe or Print)		,	LENE			HOUR PRONOUN		
3. 1	PLACE IN BALT	IMORE MARYLAND, V	ERRY/	WHITE INCED DEAD	Id. USIIAL	Novemb	er 9, 196	7	6:30 P. M. idence before odmission
					A. STATE	Maryland		OUNTY	comico G
FU!	LL NAME OF	ADDRESS OR LOC	TAL OR INSTITU ATION)	ITION, GIVE STREET	C. CITY OR	TOWN (If outside	corporate limits, w		
1143						Salisbury		_ 7	2-12
-	Univ	versity Hosp	ital		D. STREET	311 Pryor			- 1-16 m
5. \$	EX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In year	s If Unde	er 1 Yr. If Under 24 Hrs.
	Female	White	_	ABY	Apri1	25, 1967	0	×\$ 6	
		JPATION (Give kind of wo	rk 108. KIND OF	BUSINESS OR INDUSTRY	Y 11. BIRTHPL	ACE (State or foreign	country)	12. CITI	EN OF AT COUNTRY?
	None FATHER'S NAM				Salis 14. MOTHER	bury, Mary	land	USA	
	James A.	White, Jr.			Shirl	ey Cornliu	s		
115.	WAS DECEASED	O EVER IN U.S. ARME	D FORCES? les of service)	16. SO CIAL SECURITY NO.	17. INFORMA	ames A. Wh		er ADDRES	S
	No		1		311 P	ryor Ave.,	Salisbur	y, Mar	yland
	18. 9 0	4. Oi		CAUSE	OF DEATH		<		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION D	HECTLY		01d b1u	nt head tr	auma		
	(This does n	of meon the mode of osthenio, etc. It meon	f dvina e.a.	(A)	4	~ = 0.000 0.00 = 0.000 0.00 0.00 0.00 0.			••••••••••••••••••••••••••••••••••••••
	injury or con	mplication which coused	deoth.)						
		NTECEDENT CAUS		(B)					M HILLS
	RISE TO THE	OR CONDITIONS, IF E ABOVE CAUSE (A)	STATING THE	DUE TO		## <b>@\$\$\$\$@#</b> ##@@@#@oo@###-#			•
z	UNDEKLYIN	IG CONDITION LAST.		fC)					
5		11							
CERTIFICATION	TO THE	DEATH BUT NOT R	ELATED TO T						
RTI		OPERATION 198, CO		WHICH OPERATION	20A. AUT	OPSY? (Yes or No) 2	OB. IF YES. WERE	FINDINGS	ON SIDERED
Ö	21		RFORMED				N CERTIFYING CA		
MEDICAL	21 A. EXTERNAL UNDERLYING UTING CAU	CAUSE WAS FOR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o home	in or obout 21 office bldg., IN	c. WHERE DID III			
_	OF INJURY (APPROX.)	Unknown	v	VHILE AT NOT AT W	WHILE	Fell at ho			72-12
	22. 1 cert	ify that I held on	Inquiry 🗌	Inspection Aut	topsy X	and that on this	basis, death in	my apinio	ın
	result	ted fram:_Natural co	uses A	ccident X Suicid			ndetermined mar		
		00 6	2 1	11. 1	CHIE	F MEDICAL EXA	MINER _		DATE SIGNED
	SIGNATI	URE	6 2,6	Tal M.D.	ASSISTAN	T MEDICAL EXA	AMINER X		DATE SIGNED
	EXAMIN	ER'S Charles	s S. Spr	ingate, M.D.	ASSOCIAT	E MEDICAL EX	AMINER	Novem	ber 10, 1967
	NAME (1 BURIAL CREA MOVAL (Specify	MATION, 23B. DATE	239	C. NAME of CEMETERY o	CREMATOR	Y 23D. LO	CATION (C	ity, town, or	county) (Stote)
	Buria1	NOV.	2.1967 1	Vicomico Memo	rial Pa	rk Sali	sbury, Ma	ryland	ADDRESS
		NOV 1 4 1967		2. Farluna			MPANY, SA	LISBUR	Y, MARYLAND
VS	151-REV. 1/1/6	55 N 8-5-6	21	200	1 0	9 0 0			V



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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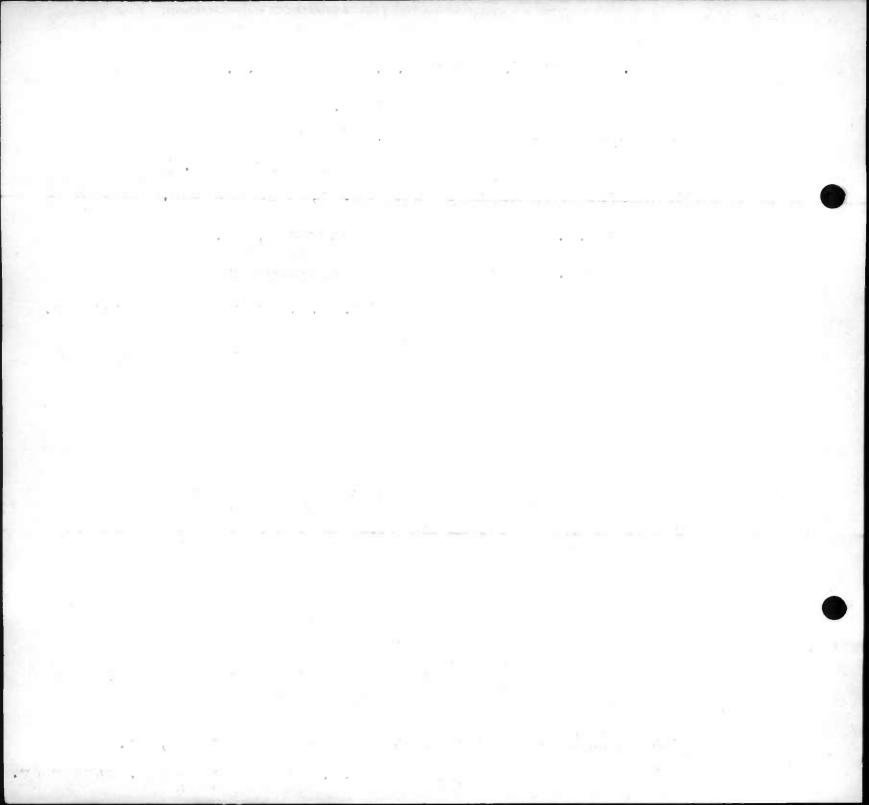
1	0-500	BALTIMORE CITY	HEALTH DEPARTMENT		C7 40000
BIRT	1 NO. 67 108	SU CERTIFICA	TE OF DEATH	Registered No	67 10890
M.E.	CASE NO.	,00		ND HOUR OF DEATH	
(Тур	DANNA, Angelo Josep	)h	10	NOVEMBER 196	7   6:30 P M
3. P	ACE OF DEATH IN BALTIMORE, MARYLAND	••		ere deceased lived. If in	stitution: residence before odmission)
F	ULL NAME OF (If not in hospital or institut	ion grve street		ALTIMORE CIT	Y
H	OSPITAL OR oddress or location)		C. CITY OR TOWN (If o	utside city limits, write l	RURAL and give township)
	VETERAND ADMINISTA		BALTIMORE	21224	26-01
1	3900 LOCH RAVEN BO			f rurol, give location)	
	BALTIMORE, MARYLAN		636 SOUTH MA		
5. S	ATE CAUCASTON WIDO	RIED, NEVER MARRIED  WED, DIVORCED (specify)	6 JAN 16	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIN) during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	TRST CLASS FITTER (NK	BETH.STEEL CO.	SALEM, OHIO		U. S. A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
A.	LPHONSO DANNA		ANNA ALPHLZ	0	
15. V	Vos Deceased Ever in U. S. Armed Forces? no or unknown)(If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANTHOSPIT	AL RECORDS	ADDRESS
Y	ES 5-2-45 TO 10-15-4	5 213-07-99-88			LTO., MD 21218
	18. 5 8 1. 0 1	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	(This does not mean the mode of dying,	e.g., DUE TO	TIC COMA		12 HOURS
	heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)				
	ANTECEDENT CAUSES	(B) CIRR	HOSIS OF THE L	IVER	over 24 HOURS
	DISEASES OR CONDITIONS, if ony, gi				
	rise to the obove couse (A) stoling UNDERLYING CONDITION last.				
	II				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBL				
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	NO	10 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
4	DEATH (notify medical examiner)	etc.)	ace blag., INJORI OCCOR:		
1 444	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
2	OF INJURY (APPROX.)	While At Not While At Work			
	22. I certify that (this haspital) attend		NOVEMBER	19 67 to 10 M	OVEMBER 19 67
	that (% (we) last sow the deceased alive				
	ond hour and from the couses stated obov				
	23A. IGNATURE				23B, DATE SIGNED
	Nictor Smals	M.D. Atte	mding Med. Director	Stoff Phys.	
	23 C. PHYSICIAN'S	1	23D ADDRESS		II EMV BD
	Vict	or Burges M.D.		OCH RAVEN BOU DRE, MARYLANI	
24A	BURIAL CREMATION, 24B, DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			ity, town, or county) (Stote)
	Burial 11-14-67	Baltimore Nat	ional Cem. 55	Ol Frederic	k Ave.Balto., Md.
25A	DATE REC'D BY HEALTH DEPT.   258. NA.	ME OF REGISTRAR	25C. FUNERAL DIRECTO	OR) 901	S. Conkabang St.
	NOV 1 5 1967 Ochest	E, tarbey MA	Charles &	feiler Bal	to., 24, Md.
VS	SO-REV. 1/1/65		(,	1.	



		67 10	891 CERTIFICA	HEALTH DEPARTMENT		67 10891		
11	TH NO.	0, 10	CERTIFICA	TE OF DEATH	Registered Na.	Ur LUOJI		
1. I	E. CASE NO.			2. DATE A	ND HOUR OF DEATH	55		
(Ту	pe or Print) BILLIB	mRs.	AGNES J.		11/13/67	7 58 PM		
3.	PLACE OF DEATH IN BALTIA	AORE, MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU		stitution; residence before admission)		
	FULL NAME OF (If not i	n hospital or instituti	on give theet	BALTIMO		CYLAND		
	HOSPITAL OR oddress	or location)		C. CITY OR TOWN (II o				
	MAK	PYLAXD	GENERAL	2805 MAI	THEW ST.	BALTIMORE		
	48	4	HOSPITAL		f rurol, give location)	a nil		
					HEWS	9-09		
	F 6. RACE	WIDO	MED, NEVER MARRIED (Specify)	8 /12 /98	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Onder 24 Hrs. Months Doys Hours Min.		
	A. USUAL OCCUPATION (Give		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
	H.W.	ii ii iwiiico)		NEW YOR	K	USA		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
	FREDERICK	TREIB	ER	AGNES	DEITZ			
	Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
(Ye	s, no or unknown) (If yes, give	wor or dotes of servi		Mrs. Agnes Ho	pper (Daugh	ter)		
	No	-	126-16-8724 CAUSE O		ers Lane, Ow	ings Mills, Md.		
	0 / /	TON DISCOUL	CAUSE O		0			
	DISEASE OR COND		rev	Tonell e	deme			
	(This does not meon the							
	heart failure, asthenia, etc.		oso,	x a Rina	es bowel			
	ANTECEDENT	CAUSES	(B)(	2 1 200				
	DISEASES OR CONDITIO	ONS. if any, air	vina	toward o	idlus im	2		
	rise to the above co	use (A) slaling			٠٠٠٠	<b>)</b>		
IFICATION	UNDERLYING CONDITION	N losi,						
Z	OTHER SIGNIFICANT CON	DITIONS CONTRIBIL	TING					
	TO THE DEATH BUT	NOT RELATED TO	THE					
		198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No) 208. IF YES, WERE F	INDINGS CONSIDERED		
CERTIFIC	2/	WAS PERFORMED		Yes	IN CERTIFYING CAL	DSES OF DEATH?		
AL	OR CONTRIBUTING CAU	SE OF	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)		
		y) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?			
MEDICAL CERT	OF INJURY		While At Not Whil	• 🗆				
			Work At Work	10-16	/ 7	11-13		
	22. I certify that (I) (this			0 11	19 67 ta	11-13 19 67		
	that (1) (we) lost saw the	e deceased alive	on	3 19 67 and	that in (my) (aur) apti	nian deoth occurred on the date		
;	and haur and fram the causes stated obave. (I) (We) (did) (did nat) view the bady after death.							
	23A. SIGNATURE	DR.		Ada —	Short Hard	23 B. DATE SIGNED		
	Kaljeh	D. Keys	nond M.D. Atte	ending Med. Director	Stoff Phys.	11-13-67		
	NAME (Type)			23D. ADDRESS	0	111.10		
24	KAL	THY. K	EYMOND M.D.	Marylas	nd Gener	of Hoopston		
	A. BURIAL CREMATION, 24B.	DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (Ci	ty, town, or county) (State)		
		1/16/1967	Lake View Memori	al Park Sy	kesville, Ma	duland		
25	A. DATE REC'D BY HEALTH	DEPT. 258. NA/	ME OF REGISTRAR	25C FUNERAL DIRECTO	7.0	ADDRESS		
25	N. 15	1967 R.C.	ut & tarberth	Eugenia K.	Seitz 5209 Yo	ork K d.		
1					al Home Balt	0. 10. 21212		

2007/7/2006

	67	10000 BALTIMORE CITY	HEALTH DEPARTMENT		67 10892
BIRTH NO.	, 07	10892 CERTIFICA	TE OF DEATH	Registered Na	07 10892
M.E. CASE NO.	CEASED		2 DATE AN	ND HOUR OF DEATH	
(Type or Print)		V W W D			
3. PLACE OF D	UR. FRANCIS	K. Morris M.D	A USUAL RESIDENCE (Who	7.8. 1967	tution: residence befare admission
			A. STATE B. COUN	TY	ionon. residence before odmission
FULL NAME HOSPITAL OF	OF (If not in hospitot or it oddress or location)	institution, give street	C. CITY OR TOWN (If ou	taido aitu limita unita BII	DAI and all and a second and a
INSTITUTION		17-11			
QUNIVI	ERSITY HOSPI	TAL	D. STREET ADDRESS (II	rurot, give location)	1601
0					
5. SEX	6. RACE 7.	MARRIED, NEVER MARRIED	3913 Juni	PER RD.	
		WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hr. Norths: Doys Hours Min.
MALE	WHITE	MARRIED	Aug. 25.1901	66 YRS	
OA. USUAL OC	CUPATION (Give kind of work 10) If working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	- '	C	D	7/-	WHAT COUNTRY?
3. FATHERS NA	OLOGY M.D.	SURGEON	BALTIMORE, 14. MOTHERS MAIDEN NA	IID.	
0.171111173 117			14. MOTHERS MAIDEN NA	ME	
	EUGENE M. M	OPRIS	MARCADEM	MALONEY	
5. Was Decease	EUGENE M. M. M. d. Ever in U. S. Armed Forces on (If yes, give wor or dotes o	? 16. SOCIAL	MARGARET 17. INFORMANT	HADONEI	ADDRESS
tes, no or unknow	(Il yes, give wor or dotes o	SECURITY NO.			
			MRS. F.K. MOR	RIS 3913	JUNIPER RD.
18. 4	2211	CAUSE OF	DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DIREC	TLY &	rosclette	2	ONSET AND DEATH
	LEADING TO DEATH	(A) Ate	sole the	Cadro	Bre wear.
(This does	nat mean the made of dy	ing, e.g., DUE TO	2		
injury or co	, asthenia, etc. It means the implication which caused de	e disease,	adole He	2012l	
	ANTECEDENT CAUSES	(B)	XII COULT		
		DUE TO	**************************************	/*************************************	
DISEASES	OR CONDITIONS, if any he abave cause (A) st	, giving			
UNDERLYIN	IG CONDITION last.	aling the (C)			
	11				
Z OTHER SIGN	II  NIFICANT CONDITIONS CON	TRIBUTING			
≥ TO THE I	DEATH BUT NOT RELATED	D TO THE			
	CONDITION CAUSING IT.  F OPERATION 198 CONDIT	ION FOR WHICH OPERATION	120 A Doug (W. h)	I con to	
19A. DATE O	WAS PERFOR	MED WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
ш			NO		
, OR CONTRIB	ENT WAS UNDERLYING DELIVER OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If in Baltimore C	ity, give exact location)
DEATH (notil	y medical examiner)	etc.)	in a stage, in a series at a second		
21 D. TIME	(Month) (Doy) (Year) (H	Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	Hay Occups	
OF INJURY	(-4)	While At Not While		DRY OCCUR:	
(APPROX.)		Work At Work			
22. L certif	v that (1) (this basnital) a	ttended the deceased fram	14/1	iolal . Pa	e=0 1
			19/7	7 66 10	les 1 19
1	) last saw the deceased o			at in(my) (aur) apinia	n death accurred on the do
and have ar	nd from the causes stated	abayeş (I) (We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNAT				22	B. DATE SIGNED
1///	THE OF	M.D. Affer	nding Med.	Stoff	14/11/1-
TOOK BUYEN	mane/N	Mela Phys		Phys.	19/10/6/
23C. PHYSICI NAME	Type)		3D. ADDRESS	- 5 1/2 CD	12/1/2
1 1	EMMETT	QUEEN M.D.	Bon Jecous	1/03/	129110
4A. BURIAL CR	EMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. 10	OCATION (City,	town, or county) (State)
REMOVAL	(Specify)		2-0, 20	, city,	iowii, or county) (3101e)
BURIAL	11/13/6	7 CATHEDRAL		BALTIMORE,	$M_{D}$ .
SA. DATE REC'S		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
ET	A T 0 1201	Lew E. Jankey M.A.	H W ME ARG	& CON ROS	N. CALVERT S
/S 150-REV. 1/1/	/4.5	27.40 × F	II.W.IIEARS	Tr DOW OOD	N. CALVERT S
3 130-KEV. 1/1/	0.5			4.0	



PULMONARY EXEMPT 3 DAYS

GRAMMERTINE SEPTICEM A 3 DAYS

PYELONEPHRITE SEPTICEM A 3 DAYS

PYELONEPHRITE SEPTICEM A 3 DAYS

MELLINES SEPTICEM A 3 DAYS

PRELONEPHRITE SEPTICEM A 3 DAYS

PRESENTE SEPTICEM A 3 DAYS

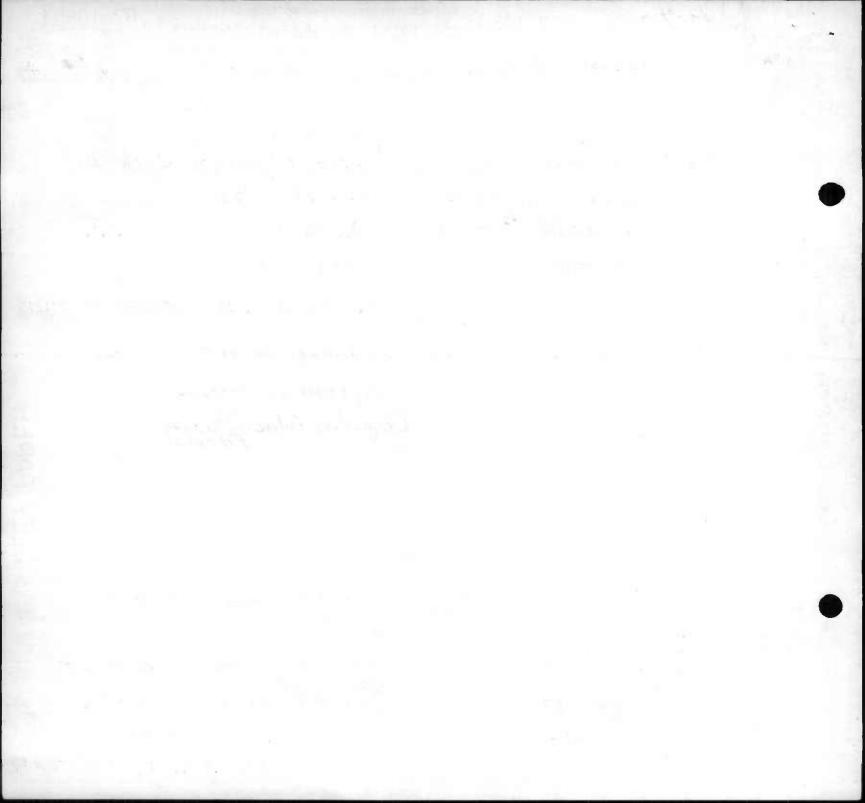
PRELONEPHRITE SEPTICEM A 3 DAYS

PRESENTE SEPTICEM A 3 DAYS

PRE

IA.	435	BALTIMORE CITY	HEALTH DEPARTMENT		67 10894
BIRTH NO.		10894 CERTIFICA	TE OF DEATH	Registered No.	07 10034
M.E. CAS	E NO. OF DECEASED			D HOUR OF DEATH	
(Type or P	rint) PARAH AI	+MAN/	11-12	, 🖳	1.30
3. PLACE	OF DEATH IN BALTIMORE, MARYLA	ND ND		e deceased lived. If in	stitution: residence before admission)
FULL N HOSPIT		titution, give street	BALLIMORE - 1 C. CITY OR TOWN (If out	MARY/AND	RURAL and give township)
SINA	/ /		Baltimore	rural, give location)	2/-16
BAI	Limore MARY	14ND		ecombe (	Tircle N.
5. SEX	0 ×	ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify) VICLOWED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. , II Under 24 Hrs. Month's Doys Hours Min.
10A, USUA	L OCCUPATION (Give kind of work 10 B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
	most of working life, even if retired)	AT HOME	BEXXXXX POLANT	1	WHAT COUNTRY?
	FIRED HOUSEWIFE	AT HUME	14. MOTHER'S MAIDEN NAM		U.S.A.
				VI E	
	COB LICHTENSTEIN		PEARL ?		
Yes, no or	eceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		7.508111 110.	MP EDANK ALTHAN	1 3805 0000	CHESTER ROAD #21215
1B. &	1511.11	CAUSE O		JOUJ DURC	INTERVAL BETWEEN
91	DISEASE OR CONDITION DIRECTL	Y			ONSET AND DEATH
	LEADING TO DEATH	(A)	Cardine A Myseapolial	Anest	
	does not mean the made of dyin	g, e.g., DUE TO		////.S	
	failure, asthenio, etc. It means the or complication which caused deat	diseose, h.)	11 00 0	^ '	
	ANTECEDENT CAUSES	(B)	Myocardine	HNOX11	
DISE		DUE TO	yestive Facture	^ -	
	ASES OR CONDITIONS, if any, to the obove couse (A) stati	giving na the (C)	prestine factor	- Re lamora se	
	ERLYING CONDITION last.		V	Edem	
	11			7-910117	
O THE	ER SIGNIFICANT CONDITIONS CONTI THE DEATH BUT NOT RELATED	RIBUTING			
A DISE	ASE OR CONDITION CAUSING IT.				
19 A. D	PATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
V DEATI	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, or etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
O 21 D. T	TME (Month) (Doy) (Year) (Ho	ut) 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF IN	JURY	While At Not Whil	е		
		Work At Work			
	certify that (1) (this hospital) att		11-11-67 7	9 to //	-12-67 19
that (	(I) (we) last saw the deceased ali	ve an 11-12	19-67 and the	ot in(my) (our) opi	nion death occurred on the dote
ond X	Qur and from the causes stoted a	bove. (I) (We) (did) (did not) y	iew the body after death.		
	GNATURE D				23 B. DATE SIGNED
	lacase Wasa day	M.D. Atte	ending Med.	Stoff 🔨	11-12-17
020 0	average Charles	CASC Phy		Phys.	11-12-6/
23C.F	HYSICIAN'S IAME (Type)		23D ADDRESS	10	0 10/
	GARY KRIETMA	M.D.	Jenal Kerly	altal 1	TRUT.
	AL CREMATION, 248. DATE OVAL (Specify)	24C. NAME of CEMETERY OF CRI	MATORY 24D./LC	CATION (Ci	ly, town, or county) (Stote)
	RIAL 11-13-67	TZENECH ZEDEK	BALT	TIMORE, MARY	LAND
200		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	NOV 1 5 1967 R	lub E. Farkerta		BROS. INC., 6	010 REISTERSTOWN RI

VS 150-REV. 1/1/65



## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

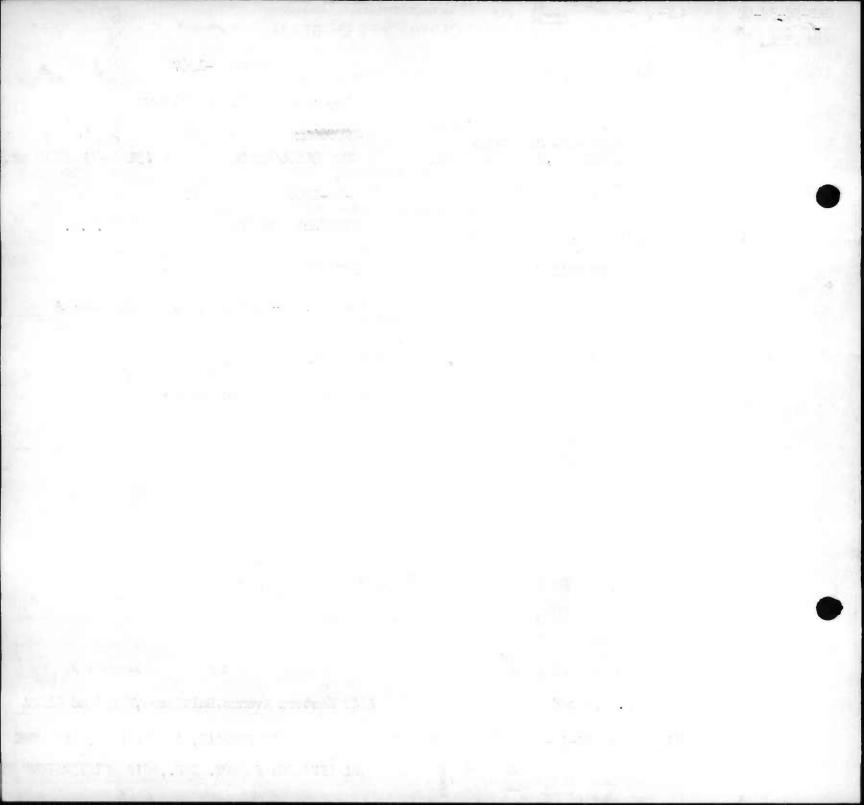
	5-11	BALTIMORE CITY	HEALTH DEPARTMENT	CT 4000F		
BIRT	S-/60 67 10	895 CERTIFICA	TE OF DEATH Registered No.	67 10832		
M.E	AME OF DECEASED		2. DATE AND HOUR OF DEATH			
	e or Print) ISADORE SC,	YAFFER.	11/11/67	1635 a M.		
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	3-	4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before admission)		
-	ULL NAME OF (If not in hospital or instituted of the state of the stat	lion, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
	LUTHERAN HOSPITA	(	Baltimore 53-00			
4	6 OF MARYLAND		D. STREET ADDRESS (If rurol, give locotion)  3>19 ELBA DRIVE			
5. S	Male 6. RACE hite 7. MAR WIDG	RIED, NEVER MARRIED DWED, DIVORCED (specify) HANGED Widowe	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1 3/3/99 68	Months Doys Hours Min,		
	. USUAL OCCUPATION (Give kind of work 10B. KIN  o during most of working life, even if retired)  Retail Store Manager		11. BIRTHPLACE (Stote or foreign country)  Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13,	FATHERS NAME Max Schaff	er	14. MOTHERS MAIDEN NAME Anna ?			
15. 1	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS		
161	N.	214-01-4943A	Mrs. Irene Scherr 3219 El	Lba Drive 21207		
	18. / 8 / . 0		DE DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY		1. 2.	ONSET AND DEATH		
	LEADING TO DEATH	(A)	Fulnovory Edena	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO (				
	injury ar camplication which caused death.)		In an in a			
	ANTECEDENT CAUSES	(B)	frenombage			
	DISEASES OR CONDITIONS, if any, gi		blotd	~		
	rise to the above cause (A) stating UNDERLYING CONDITION lost.	the (C)				
	11					
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE				
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
CER	21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Boltimore	City, give exoct locotion)		
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, o	office bldg., INJURY OCCUR?			
MEDIC	21D- TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
ME	OF INJURY (APPROX.)	While At   Not Whi	le 🗂			
		Work At Work		11		
	22. I certify that (1) (this hospital) attend	led the deceosed from	/	11/11 19 67		
	that (I) (we) lost sow the deceased alive	on//////	19 67 and that in (my) (our) opi	nion death occurred on the date		
	and hour and from the couses stated above	ve. (1) (We) (did) (did not)	view the body ofter deoth.			
	23A. SIGNATURE			23 B. DATE SIGNED		
	Dexilen & Hele	M.D. Alt	rending Med. Stoff Phys.	1/11/67		
	23C. PHYSICIAN'S NAME (Type) BESIDERIO L HERR	M.D.	23D. ADDRESS Hospital of	Mordand		
24A	2000	IC. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	ly, lown, or county) (State)		
	Burial Nov. 12.1967	Anshe Nesina	Baltimore. Ma	iuland		
	A DATE REC'D BY HEALTH DEPT. 25B. NA		25C. FUNERAL DIRECTOR	ADDRESS		
	NUV 1 5 1967 P.C	Son & E. Farley M.S.	Sol Levinson & Bros. 6010	Reisterstown Road		
VS	150-REV. 1/1/65					

S. KANGARAW W. the second in second निक् जिला

This certificate must be approved by the chief medical examiner or his assistant if death occurred with both the bedy was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disnocition is made.

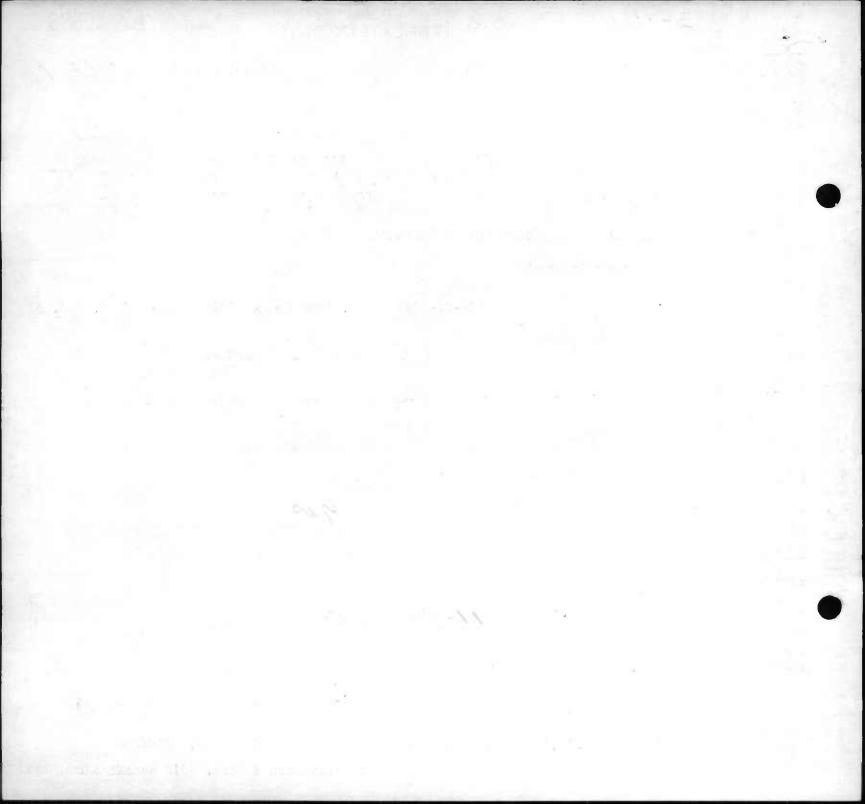
1	w400 67 1	0896 BALTIMORE CITY	HEALTH DEPARTMENT	Registered Na.	67 10896	
	TH NO.	CERTIFICA	TE OF DEATH	Registered Na.		
1. N	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	_ 20_	
	WOHL MARTIN, M.		11/	12/67	2-	A.M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before o	dmission)
	FULL NAME OF (If not in hospital ar instit HOSPITAL OR address ar location) NSTITUTION	FEORTDA C. CITY OR TOWN (If autside city limits, write RURAL and give township) HOLLYWOOD D. STREET ADDRESS (If rural, give location)				
	THE JOHNS HOPKIN					
5. 1	EX G. RACE 7. MA	RRIED, NEVER MARRIED		9. AGE (In years		24 Hrs.
	MALE WHITE WIL	DOWED, DIVORCED (specify)	10-25-93	lost birthday) 74	If Under 1 Yr. If Under Months Oays Hours	Min.
	. USUAL OCCUPATION (Give Rind of work 108, KIII	Duilder		Connecticus	12. CITIZEN OF WHAT COUNTRY?	7.
13.	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME		
	MAN 140111		0.45.41	ENOCE		
15.	MAX WOHL Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ENGEL	ADDRESS	
(Ye	s,na arunknawn) (If yes, give war ar dotes af sei	SECURITY NO.	Gordon Junera	e Home -		ida
	18. 4 2 1 1	CAUSE	F DEATH		INTERVAL BETW	
	DISEASE OR CONDITION DIRECTLY		10011		ONSET AND DE	0111
	LEADING TO DEATH (This does not mean the mode of dying,	e.g., DUE TO	ASCUD			
	heart failure, asthenio, etc. It means the dis	sease,				
	injury or complication which caused death,)	181	MITRAL STE	WOSIS		
	ANTECEDENT CAUSES	DUE TO				
	DISEASES OR CONDITIONS, if any,					
	rise to the obove cause (A) stating UNDERLYING CONDITION last.	ine (C)	***************************************		00 00000	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB	DUTING O THE				7
CAI	OISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20R IF YES WERE	FINDINGS CONSIDERED	
CERTIFIC	WAS PERFORMED			IN CERTIFYING CA		
CER	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	YES	(If in Boltimor	e City, give exact location)	
AL	DEATH (notify medical examiner)	hame, form, factory, street, c	ince bidg., INJURT OCCUR?			
DIC	210. TIME (Month) (Doy) (Year) (Hauri	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
ME	(APPROX.)	While At Nat Whi	le 🖳			
		Wark L Al Wark				7 ==
	22. I certify that (I) (this hospital) atten	ded the deceosed fram		19 67 ta	11/12 19	
	that (I) (we) last sow the deceosed olive	on 11/12/67	19 67 ond th	ot in (my) (our) op	nian deoth occurred on	the dote
	ond haur ond from the couses stated obc	ve. (1) (We) (did) (did nat)	view the bady after death.			
	23A. SIGNATURE				23 B. DATE SIGNED	
	Jack Sort	ends M.D. Att	ending Med. Director	Stoff Phys.	11/12/67	
	23C. PHYSICIAN'S		23D. ADDRESS			
	NAME (Type)	M.D.				
244	JACK BRANDES A. BURIAL CREMATION, 1248, DATE	4C. NAME of CEMETERY	THE JOHN	S HOPKINS	HOSPITAL	(Stotel
-7'	REMOVAL (Specify)	D 4	240. 6	111 1	1 MA	/
L	semood 11/12/6/	mt. sur	iai /	yade lo	unty House	la
25/	A. DATE REC'D BY HEALTH DEPT. 258, N.	AME OF REGISTRAR	25C FUNERAL DIRECTOR	ARI.	AODRESS	4
	MAN TO 1201 ACT	sub E. Jakuma	for sernes	WELLE G	OVO SESSELLETOU	nou
VS	150-REV. 1/1/65		1	`		

PLAC FULL HOSPI	E OF DEATH IN BALTIA  NAME OF (If not in ital or oddress	in hospital or in s or location)	AND istitution, give street	2. DATE AND HOUR OF DEATH  //	nstitution; residence before admission
/	4940	Eastern	ty Hospitals Avenue ryland 21224	D. STREET ADDRESS (If rurol, give location)	27 2 7 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2
sex Fema	le White		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif	8. DATE OF BIRTH 9. AGE (In years lost birthday) 67	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
one duri	AL OCCUPATION (Give ng most of working life, eve HOUSEWIFE		AT HOME	JSTRY 11. BIRTHPLACE (Stote or foreign country)  NEWXXXXXXX RUSSIA	12. CITIZEN OF WHAT COUNTRY?
3. FATH	MORRIS GUTTE			14. MOTHER'S MAIDEN NAME ETTA ZAKS	
	Deceased Ever in U. S. runknown) (It yes, give			Records: BCH-4940 Eastern	Avenue 21224
	rt foilure, osthenio, etc.		diseose,	Phromococcur Sepsis	
DISI	ANTECEDENT ANTECEDENT EASES OR CONDITION TO THE OBOVE OF THE OBOVE DERLYING CONDITION HER SIGNIFICANT CONT	. If meons the ch coursed decreased decreased on the course of the cours	disease, (B)	DHELLING COCCHE PHENINGIASIA	1-
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DISI rise UN OTHOUSE OF I OF I OF I	ANTECEDENT  EASES OR CONDITION  TO THE OBOVE CONDITION  HER SIGNIFICANT CONTITUE DEATH BUT EASE OR CONDITION  DATE OF OPERATION  ACCIDENT WAS UND CONTRIBUTING CAU  THE (notify medical example)	If meons the ch coused decreased dec	disease, oth.)  (B)  DUE TO  giving  ling line  (C)  TRIBUTING  TO THE  ON FOR WHICH OPERATION  MED  218. PLACE OF INJURY home, form, foctory, streetc.)  (V)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA  (e.g., in or obout 21C. WHERE DID (If in Boltimor set, office bidg., INJURY OCCUR?  2 VOLVE  While LIFE  1 While LIFE  2 VOLVE  1	FINDINGS CONSIDERED LUSES OF DEATH? The City, give exact locohon)
DISI rise UN OTHOR TO DIS 19A. 21A. OR OF I (APP 22. thot ond	ANTECEDENT  EASES OR CONDITION  TO THE OBOVE CONDITION  HER SIGNIFICANT CONTINE  THE DEATH BUT  EASE OR CONDITION  DATE OF OPERATION  ACCIDENT WAS UND  CONTRIBUTING CAU  THE (Month) (Do  NJURY  PROX.)  CONTRIBUTION  CONTRIBUTI	If means the chicoused decrete chicoused decrete chicoused decrete chicoused decrete chicoused c	disease, oth.)  (B)  DUE TO  DUE TO  Giving  Iting The (C)  TRIBUTING  TO THE  ON FOR WHICH OPERATION  MED  21B. PLACE OF INJURY home, form, foctory, site etc.)  Vol  Volve At Not Work  At tended the deceased from live an	20A. AUTOPSY? (Yes or No)  20B. IF YES, WERE IN CERTIFYING CA  (e.g., in or obout 21C. WHERE DID act, office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21White Circ (19 0) to opinot) view the bady after death.  Attending Med. Stoff	FINDINGS CONSIDERED  USES OF DEATH?  THE City, give exact locotion)
DISI rise UN OTH TO DIS 19A. 21A. 21A. 21A. 21A. 21A. 21A. 21A. 21	ANTECEDENT  EASES OR CONDITION  TO THE OBOVE CONDITION  THE DEATH BUT EASE OF CONDITION  THE DEATH BUT EASE OF CONDITION  ACCIDENT WAS UND CONTRIBUTING CAU TH (notity medical exam  TIME (Month) (Do NJUEY  POX.)  I certify that (D) this  CONTRIBUTION  CONTRIBUTION  TIME (Month) (Do NJUEY  CONTRIBUTION  CONTRIB	It means the ch coused deck coused deck coused deck coused deck coused deck coused to couse (A) sto N lost.  Dittions CON NOT RELATED CAUSING IT.  198. CONDIT WAS PERFOR!  DERLYING SE OF coused on the coused of the coused of the coused of the couses stated couses stated	disease, oth.)  (B)  DUE TO  giving  ling line  (C)  TRIBUTING  TO THE  ON FOR WHICH OPERATION  MED  21B. PLACE OF INJURY home, form, foctory, site etc.)  (Out)  21E. INJURY OCCURRED  While At	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA  (e.g., in or obout 21C. WHERE DID (If in Boltimor pet, office bldg., INJURY OCCUR?  2 Volve  21F. HOW DID INJURY OCCUR?  Work of 19 0 1 ta (Our) opinot) view the bady after death.  Attending Med. Stoff Phys.  23D. ADDRESS  M.D. 4940 Eastern Avenue, Baltim	FINDINGS CONSIDERED  LUSES OF DEATH?  The City, give exact location  The City, give exact location  The City and the death accurred accurred and the death accurred accurred and the death accurred accurred a



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

5-240 67 10898 BALTIMORE CITY HEALTH DEPARTMENT	67 10000
CERTIFICATE OF DEAT	H Registered No. 37 11000
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Pant)  2. DA	TE AND HOUR OF DEATH
LEAH SIEGEC	(Where deceased lived. If institution: residence before admission)
A, STATE B.	COUNTY
FULL NAME OF (If not in hospital or institution, give street Maryland C. CITY OR TOWN	(If outside city fimits, write RURAL and give township)
SINAI HOSPITAL OF Baltimore	27-16
42 BACTIMORE 3426 Vir	(If rurol, give location) ginia Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B, DATE OF BIRTH	9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
Female White Widow DECEMBER 189	5   Norths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State done during most of working life, even if retired)	or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Retired Seamstress & Designer Russia	USA
13. FATHER'S NAME	
	ma ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	ADDRESS
	ohen 2905 Fallstaff Rd. Apt. 33
DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (4) Cerebral E	embolismon I desc
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	Theromboses
injury or complication which caused death,)  A 5 C L/D	2 7 Mind like MA maper
ANTECEDENT CAUSES  (B)  DUE TO	The state fill will have a
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	para
	· · · · · · · · · · · · · · · · · · ·
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PROPERTY OF THE	3
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	or Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 27C. WHERE I home, form, foctory, street, office bldg., INJURY OCCIDENT (notify medical examinet)	OID (If in Boltimore City, give exact location) JR?
□ OF INJURY	D INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	196210 11/0 1962.
that (I) (we) last saw the deceased alive an	nd that in(my) (aur) apinian death accurred an the date
and haur and from the causes stated above. (I) (We) (did) (did not) view the body after de	
23A. SIGNATURE  M.D. Attending Med.	23B. DATE SIGNED
23C. PHYSICIAN'S Addon M.D. Attending Med. Director	Phys. 4 1/10/63
NAME (Type)  N.D. SIAIA	blance ITAL OF RAITIN
11CHAND RATOR 1/104/	4D, LOCATION (City, lown, or county) (Stote)
Burial Nov. 12, 1967 Petach Tikvah	Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIR	
VS 150-REV, 1/1/65	



RGB

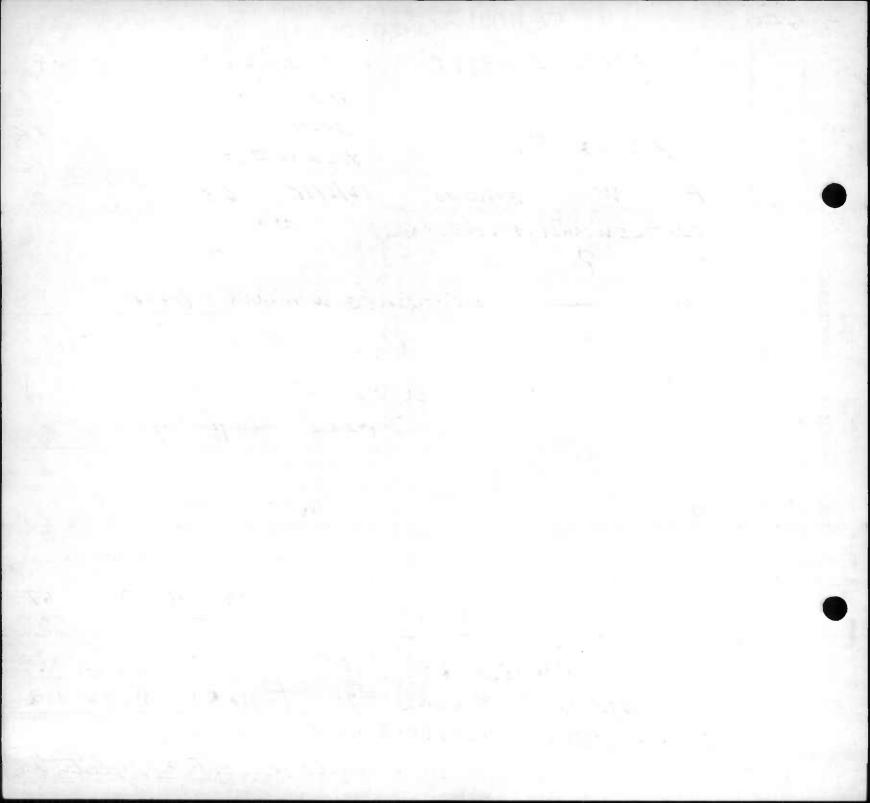
		67	1085	BALTIMORE CITY	HEALTH DEPARTMI		67 40000
	NO.		2000	CERTIFICA	TE OF DEA	TH Registered No.	07 110888
1, N/	CASE NO.					ATE AND HOUR OF DEATH	77 00 7
		Ruth Elaine				Nov. 13, 1967	11:30 P
3. PI	ACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE A. STATE B.	E (Where deceased lived. If in COUNTY	stitution: residence before admissia
	JLL NAME O			give street	Pa.		
IN	STITUTION TO	ic Health Ser	vice Ho	snital	Meyersd	(If autside city limits, write I	RURAL and give township)
		man Park Driv		opi odi	D. STREET ADDRESS		1 -00
•	,200 11,	20000 2000 200 20				h Street	
5. 51	X	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	F	W	WIDOWEL	Married (specify)	6/24/24	lost birthdoy)	William S Doy's Troots Twith.
		UPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
Olle		ical nurse			Pa	•	USA
3. F	ATHER'S NA				14. MOTHER'S MAID		
	Jan	es W. Boyer			Nora	P. Klingham K	lingaman
		d Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		_ 01 30111CE/	234-32-8884	Records	- US PHS Hospit	al, Balto, Md.
	B. 9 1)	4,31		CAUSE 0			INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIS	RECTLY	0		(	ONSET AND DEATH
	/TL:- J	LEADING TO DEATH	alien in		m negative sept	(pseudomonas)	Days
	heort failure,	nal mean the made of asthenia, etc. It means	the disease,	DUE TO	sep.	rcenta	
	injury or cor	mplication which caused	death.)	(B) Acu	te myelogen	ous leukemia	$1\frac{1}{2}$ months
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if		DUE TO			
	rise la lh	e above cause (A)		(C)	fró vero Ca a Ca a a a a a a a a co o Co a a a co o Co a a	. 444 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	UNDERLYIN	G CONDITION last,					
z	OTHER SIGN	IFICANT CONDITIONS C	ONTRIBILITING		ess of left		Terminal
ATION	TO THE D	CONDITION CAUSING I	TED TO TH		nfiltration	of kidneys	l week
2		F OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No. 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
ERTIFIC	><				yes	ye	S
U	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	21 B. hom etc.	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21 C. WHERE fice bldg., INJURY OC	DID (If in Boltimore CUR?	City, give exact (acotion)
0	DE INJURY	(Manth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR?	
> I	(APPROX.)		Whi	ile At Not While			
	22. I certify	that (1)(this haspital	) attended ti	he deceased fram	Sept. 29	19 67 to Nov	. 13 19 67
- 1				Nov. 13			nion death occurred on the da
				/(We) (did) (d/d/d/d/) v			
	3A. SIGNATI		, (				23 B. DATE SIGNED
	16	conathrs.	chie	A.D. Atte	nding Med.	Stoff X	11/14/67
	NAME (				23D. ADDRESS		
		Q. Hirschfeld	I, MD	M.D.	US PHS Ho	spital, Balto,	Md.
4A.		MATION, 24B. DATE	*	AME of CEMETERY of CRE	MATORY	24D. LOCATION (Ci	ty, town, or county) (Stote)
	Burial	11/17/	67 Uni	on Cemetery		Movemedale T	20
		BY HEALTH DEPT.		on Cemetery  F REGISTRAR	25C. FUNERAL DI	Meyersdale, F	ADDRESS 21229
	- 1	ANA TO 1361	Polent	E. Jarkenna		Funeral Home, 41	
/5 1	50-REV. 1/1/	65				6.0	

Les proves plantes de l'article de la selección de la selecció

6	1/2 4 3 34 35 36 3	IT HEALTH DEPARTMENT		00 10000
IRTH NO.	CERTIFIC	ATE OF DEATH	Registered No	67 10900
A.E. CASE NO. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
ype of Print) RATHERIN	EM. LEE	11-1	1-67	1 5:00 A
PLACE OF DEATH IN BALTIMORE, A	- / /	4. USUAL RESIDENCE (When	e deceased lived. Il ins	titutian: residence before admissio
		A, STATE B. COUN		
FULL NAME OF (If not in hospit address or laca	tal or institution, give street	C. CITY OR TOWN (If out		JRAL and give yenship)
INSTITUTION		0		JRAL and give Synship
21 TRANVIIN 1	1.1125 1/2 1 12	D, STREET ADDRESS (If	ural, give lacotion)	700
36 ANAINTIN X	QUARE HOSPITAL	1/00 = 3		
	Ta AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		BOTH ST.	V II 1 1 V IV II 1 04 III
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 H Months Doys Haurs Min.
female While	Single	11-29-81	80	
A, USUAL OCCUPATION (Give kind of word of working life, even if retires	WORK TOB KIND OF SUSINESS OR INDUST		gn country)	12. CITIZEN OF WHAT COUNTRY?
Rotinal	AT Home	MARYLAND		U.S.A.
B. FATHER'S NAME	I'l I'ome	14. MOTHER'S MAIDEN NAM	AE	7(.3,7)
DATPICE	/	BRIDE	ET TO	RIN
TAINIUM L	~tt		ET TO	
5. Was Deceosed Ever in U. S. Armed res, na ar unknown) (If yes, give wor or d	Farces? Idates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	2-1.00	ADDRESS
	216-46-02	RZ CHART	RECORD	
18.4	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION	DIRECTLY	3010/- 10	0-	ONSET AND DEATH
LEADING TO DEAT	TH (A)	LILLO -VOS	anou	
(This does not meon the mode heart failure, asthenia, etc. It meo	of dying, e.g., DUE TO	terming-	12	
injuly of complication which cous		2000	the Con	1) -
ANTECEDENT CAUS	SES (B)	wwwsour		20
DISEASES OR CONDITIONS, i	DUE TO	1/15 carlo	die	CO_
iise to the obove couse (				
UNDERLYING CONDITION lost.				
- 11	1101			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI DISEASE OR CONDITION CAUSING				G 2 / N
	G IT		1	
19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g hame, farm, loctory, street,	office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
DEATH (natify medical examiner)	etc.)			
21 D. TIME (Manth) (Day) (Yes		21 F. HOW DID INJ	JRY OCCUR?	
S OF INJUKT	While As - Net W	41.11		
(APPROX)	While At Not W	/hile		
(APPROX)	Work - At Wo	ork —	- 11	11
22. I certify that (I) (this hospi	ital) attended the deceased from	11-4		
22. I certify that (I) (this hospithat (I) (we) lost saw the deced	ital) attended the deceased from	11 - 4 1 19 6 7 and the		
22. I certify that (I) (this hospithat (I) (ve) last saw the deced	ital) attended the deceased from	11 - 4 1 1967 and the		
22. I certify that (I) (this hospithat (I) (we) lost saw the deced	ital) attended the deceased from	11 - 4 1 1967 and the		
22. I certify that (I) (this hospithat (I) (we) lost saw the decedand hour and from the causes s	ital) attended the deceased fram ased alive an stoted above. (1) (We) (did) (dld nat	1967 and the	ot in (my) (our) apin	Ian death accurred on the c
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22. I certify that (I) (this hospithat (I) (we) last saw the decedand hour and from the causes so 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)	ital) attended the deceased from	1967 and the poly after death.  Attending Med. Director 23D. ADDRESS D. FRANKLI	Staff Phys. D	Ian death accurred an the c
22. I certify that (I) (this hospithat (I) (we) lost saw the deceded on the causes of the same that the causes of the cause o	stoted above. (1) (We) (did) (dld not	1967 and the poly after death.  Attending Med. Director 23D. ADDRESS D. FRANKLI	Staff De SQUARE	23B. DATE SIGNED  HOSPIFAL
22. I certify that (I) (this hospithat (I) (we) lost saw the deceded on the hour and from the causes so 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, 24B. DATE	work At we ital) attended the deceased from stated above. (I) (We) (did) (dld not M.D. A.D. A.D. A.D. A.D. A.D. A.D. A.D.	Attending Med. Director  D. JANKLA  CREMATORY  And the doth  Med. Director  23D. ADDRESS  D. JANKLA  24D. La	Staff Phys. D SQUARE OCATION (City	23B. DATE SIGNED  11 1 7 7 7 10 Wn, or caunty) (State
22. I certify that (I) (this hospith that (I) (we) lost saw the deceded on the hour and from the causes so 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  4A. BURIAL CREMATION, REMOVAL (Specify)  BURIAL 11/1.	ital) attended the deceased from	Attending Med. Director  D. JANKLA  CREMATORY  And the doth  Med. Director  23D. ADDRESS  D. JANKLA  24D. La	Staff Phys. D	23B. DATE SIGNED  HOSPIFAC  1, town, or caunty) (State
22. I certify that (I) (this hospith that (I) (we) last saw the decedant on the causes so that (I) (we) last saw the decedant on the causes so that (I) (we) last saw the decedant on the causes so that (I)	work At we ital) attended the deceased from stated above. (I) (We) (did) (dld not M.D. A.D. A.D. A.D. A.D. A.D. A.D. A.D.	1967 and the old ofter death.  Attending Med. Director Director CREMATORY 24D. LC	Staff Phys. De SOUPRE OCATION (City ALTIMORE)	238, DATE SIGNED  11 1 7 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10



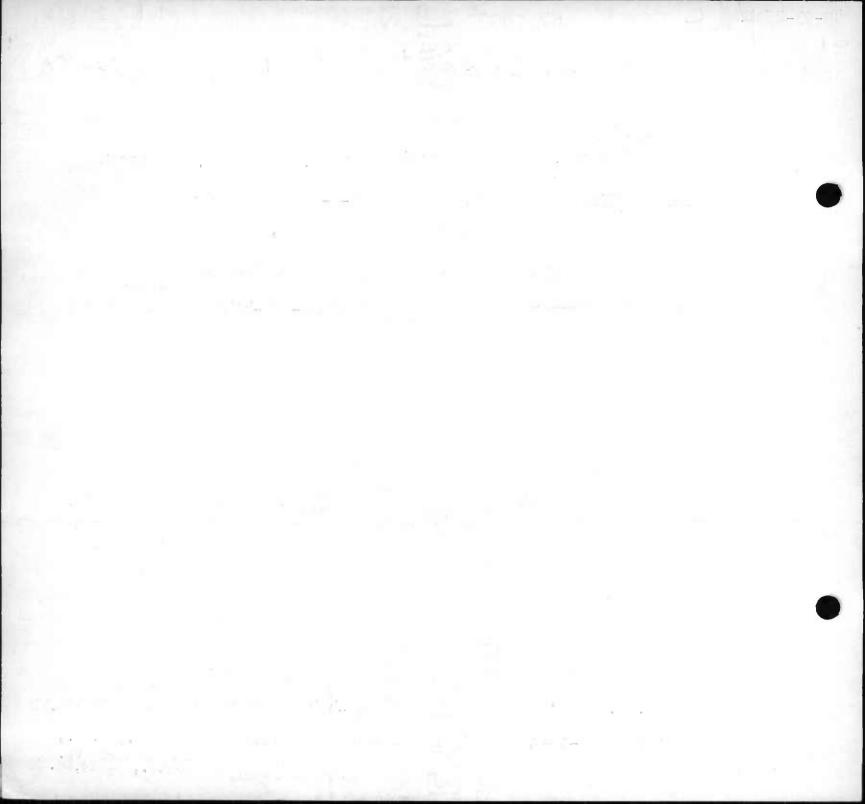
67 10901 BALTIMORE CITY HEALTH DEPARTMENT 67 1090	34
SIRTH NO. CERTIFICATE OF DEATH	) <u>L</u>
M.E. CASE NO.  1, NAME OF DECEASED  (Type or Print)  AMANDA E. HARRIS  2. DATE AND HOUR OF DEATH  11/12/67  7.3	0.7
3. PLACE OF DEATH IN BALTIMORE, MARYLAND   4. USUAL RESIDENCE (Where deceased lived, If institution, residence before	
A. STATE B. COUNTY	
HOSPITAL OR Oddress or location)  C. CITY OR TOWN. (If outside city limits, write RURAL and give township	)
BACTO,	-00
D. STREET ADDRESS (If rurol, give location)	
812 W. 35 TTST.	
SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 12/6/98 10st birthdov) Months Doys Hours	der 24 Hrs Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF	t
TEXTILE WORKER MT. VERNONMILL MD. WHAT COUNTRY?	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.  215-07-6344 C.EO, W, HARRIS (SAME)	
18. 4-2011 CAUSE OF DEATH INTERVAL BET ONSET AND I	
/=:W/d== a= (a=:==ma:= =:============================	11.
This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  ANTECEDENT CAUSES	01
heart failure, asthenia, etc. It means the disease,	4 ,
ANTECEDENT CAUSES (B) Carles COD Suce 19	51
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) Thyour Deal Justificery	
UNDERLYING CONDITION Iosi.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
V DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, foilm, foctory, street, office bldg., INJURY OCCUR?    DEATH (notify medical examine)   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, foilm, foctory, street, office bldg., INJURY OCCUR?	n)
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY	
Work At Work	
22. I certify that (I) (this hospital) attended the deceased from 16. 4 1939 to 17.	19.6
that (1) (we) lost sow the deceased alive on 19 4 ond that in (my) apinion death occurred a	on the da
and hour and from the causes stated above. (i) (We) (did) (did. ot) view the body after death.	
23A. SIGNATURE 23B. DATE SIGNED	
Targette Thurson U M.D. Attending Med. Stoff Director Phys.	67
23C. PHYSICIAM'S NAME (Type)	1 1
Lacurenced Shimanekmo. 3711 Fallo Rd Batto	MX
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county)	(Stotel
REMOVAL (Specify) 11/15/67 MORELAND MEM, BALTO, MO,	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. EUNERAL DIRECTOR ADDRESS	
NOV 15 1967 R. O. R. S. Fr. Ouna Paul E. Cherry to 3 2 12 chester	I da
VS 150-REV. 1/1/65	~ / ~



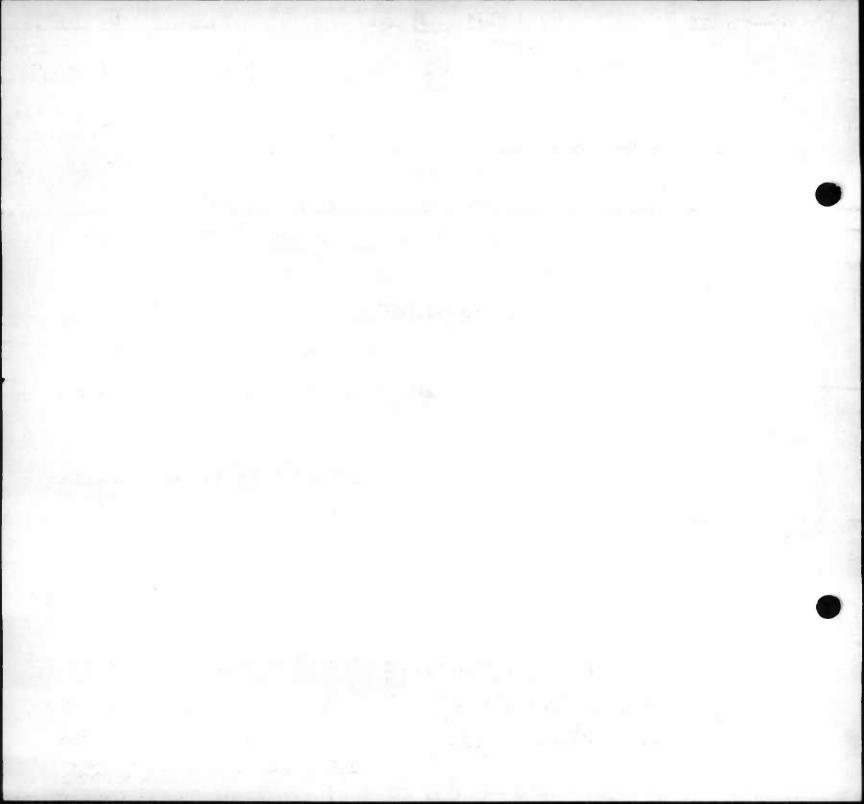
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67 10	1902 BALTIMORE CITY	HEALTH DEPARTMENT	5	OF 40002
BIRTH NO. M.E. CASE NO.	902 CERTIFICA	TE OF DEATH	Registered No.	6/30304
Type of Print)  ADELATOE CAMPBELL		2. DATE AN	1-67	430
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe A. STATE B. COUN	ere deceased lived. If ins	titution; residence before odmission
FULL NAME OF (If not in hospitol or institute hospital or oddress or locotion). INSTITUTION Bolton Hell		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	tside city limits, write R	URAL ond give township)
90 Lafayette Ane. 4	John St.	1 - 200 11 41	rurol, give location)	-21230
	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH  7 - 7 2 91	9. AGE (In years lost birthday)	)f Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B, KINI one during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker S. FATHER'S NAME		MARYLAND	AAF	U.S.A.
John Rest		mary m. A	Partonan	
Was Deceased Ever in U.S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	11 - 1	ADDRESS plone
NO		MN. Ges. True	4f (50n)	HO-5-5215
18. 44- 43 XI	CAUSE O	F DEATH	0 8	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		PAGUMON, A		
(This does not meon the mode of dying,				
heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gir	DUE TO ving			
rise to the obove cause (A) stoling UNDERLYING CONDITION lost.	(C)			50500
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID injury OCCUR?	(If in Boltimore	City, give exoct location)
21D.TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work			en en
22. I certify that (I) (this hospital) attended	1	311	19to	11/67 19
that (I) (we) lost saw the deceased alive	41. 1.	'/ //	/	ian death accurred on the da
ond hour and from the couses stoted obav	// /		. , , , , , , , , , , , , , , , , , , ,	
23A. SIGNATURE		,		23B. DATE SIGNED
Dhe Mark	M.D. Atte	ending Med.	Stoff Phys.	11/11/17
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS 4 KE	NNISON A	y from pul
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	y, town, or county) (Stote)
BURIAL 11-14-67 S	T. JOHN'S CEM	ETERY HO	WARD CO	UNTY.
SA. DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	dank in a	ADDRESS
NUV 1 5 1967 (12 Pm	or E. Stanbergan	WALIERSFU	NE RAL HOME	= PRATT-STRICHE
S 150-REV. 1/1/65			d .	57.5.

PRESIDENCE 54/a/n Lyloln. 5519 Henniss As for



BIRT	6/ 1/10/1/4		TE OF DEATH Registered	d No. 67 11	0904
1. N	IAME OF DECEASED		2. DATE AND HOUR OF D	DEATH	, ,,
3. P	PLACE OF DEATH IN BALTIMORE MARTLAND	Υ	4. USUAL RESIDENCE (Where decepted live	ed. If institution; residence before	odmission)
F	FULL NAME OF (If not in hospital or institution, give street MOSPITAL OR oddress or location)		MARYLAND	Bulle	01
	NSTITUTION		BALTIMORE	write RURAL and give township	p)
4	2 SINAL HOSPITAL		D. STREET ADDRESS (Ilt rurol, give locotion	ion)	У
	SEX   16. RACE   17. MARRIED, NEVER MAI	DOLLED	B. DATE OF BIRTH / 19. AGE (In year	HIJIS UR.#8	1- 24 14
	MARKIEI	(specify)	6/17/17 lost birthdays	Months Doys Hours	der 24 Hrs. Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Control working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?	?
	MANAGER PHARMA	CY	United States	USA.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Louis VINSUY		KOSE KRAMI	ER	
15. ' (Yes	Wos Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDRESS	
	No 213-05	-3774	WIFE A	S ABOVE.	
	18.204.31	CAUSE O	F DEATH	INTERVAL BET ONSET AND	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	ACUTE LEUKEMIA	2 WEEK	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which coused death.)	DUETO	1.0		
	ANTECEDENT CAUSES	(B)	Polycythemia Vera	6 year	2
	DISEASES OR CONDITIONS, if any, giving	DUE TO	00		
	rise to the obove couse (A) sloting the UNDERLYING CONDITION last.	(C)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2 0	Anythan a Francisco	2	
			HIAL ASTHMA & EMPHYS		
RTIF	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPER WAS PERFORMED		No	WERE FINDINGS CONFIDERED NG CAUSES OF DEATH?	
0 7	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF I home, form, toct DEATH (notify medical examiner)   21B. PLACE OF I	NJURY (e.g., i ory, street, o	n or obout 21C. WHERE DID (If in Bitfice bldg., INJURY OCCUR?	Boltimore City, give exact locatio	on)
_	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OC While At	CURRED Not While	21F. HOW DID INJURY OCCUR?		
	(APPROX)	At Work			10
	22. I certify that (1) (this hospital) attended the decease	d from	1/1/5 196/ to		196/
	that (N (we) lost saw the deceased alive on	/0		ur) apinion death accurred (	an the do
	and hour and from the couses stated obave. (1) (We) (did)	(did not)	view the body ofter death.		
	23A. SIGNATURE / MUNI Se Clacker My	AD. Atte	ending Med. Staft Director Phys.	23B. DATE SIGNED	)
	23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		,
24A	A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEM	M.D.	SINAL HOSPITA EMATORY 24D. LOCATION	(City, town, or county)	10KE
	REMOVAL (Specify)	-00	0 2 07	m.	1
25A	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRA	Tell	25C. FUNERAL DIRECTOR	ADDRESS	P/
	NOV 1 5 1967 Robert E. F.	Inter M.O	Sylvan S. Lewis & Son	MINC Cavany	
VS	150-REV. 1/1/65		THE CHIEF TO SERVICE THE CONTRACTOR OF THE CONTR		



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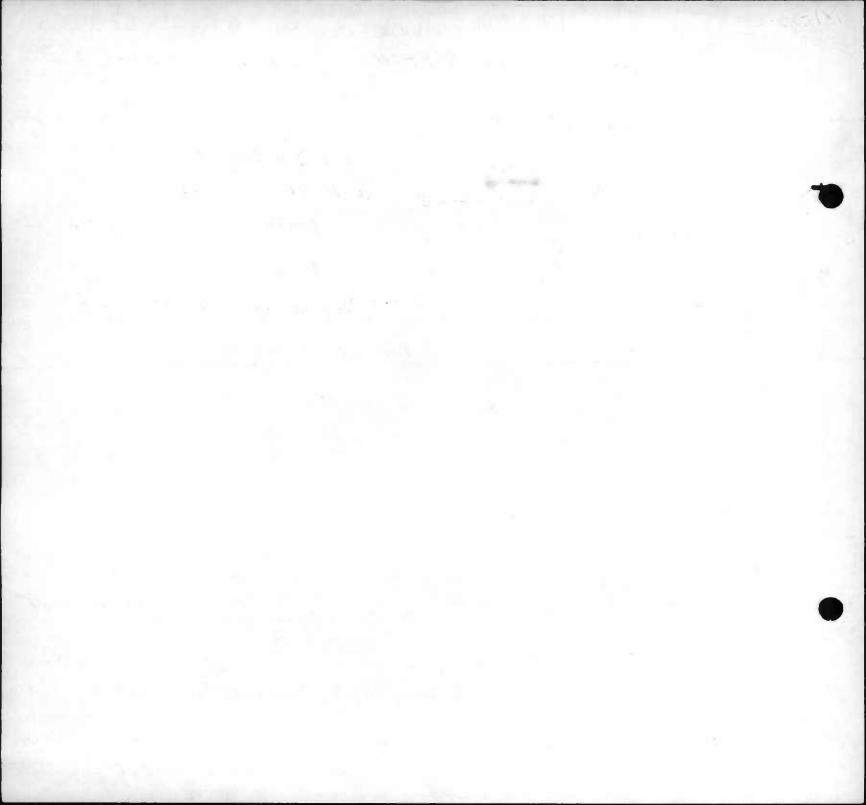
(4) Undetermined cause; (5) Deceased

or contributing cause

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH. MR. RUFFIN (Type or Print) 11-12-67 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fixed, if institution; residence before admission)
A. STATE B. COUNTY A. STATE FULL NAME OF (If nal in haspital at institution, give street oddress or lacoling to prita HOSPITAL OR C. CITY OR TOWN (If autside city limits, write RURAL and give towaship INSTITUTION Bultimore D. STREET ADDRESS (If rurol, give location) Barelow made NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Days 9. AGE (In years Hours DIVORCED (specify) last birthday) INGLE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY isposition ring most of working life, even if retired) Retire of Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, na oz unknawn) (If yes, give war ar dates af service) SECURITY NO.9 Unknown DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) slating the UNDERLYING CONDITION last. ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Na) 19A. DATE OF OPERATION yast ostomy WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Mieture 9 21 A. ACCIDENT WAS UNDERLYING B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC/ 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not White (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on..... ond hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Phys. Stoff 23D. ADDRESS 23 C. PHYSICIAN'S Dioision NAME (Type) 1514 24A. BURIAL CREMATION.

ADDRESS INTERVAL BETWEEN 0 ONSET AND DEATH balmed em regu are the remains 208. IF YES, WERE FINDINGS CONSIDERED (If in Boltimore City, give exact location) obtained 9 and that in (my) (our) opinion death occurred on the date must 23B, DATE SIGNED approval decease REMOVAL (Specify) river Mein. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

If Under 24 Hrs.



67 10906 BALTIMORE CITY HEALTH DEPARTMENT

VS 151-REV. 1/1/65

BIRTH NO.	MED	ICAL EXAMINER 3	CEK	HIFICATE	אר נ	JEAIN Register	ed No	1030(
M.E. CASE NO								
Type or Print)		ES WILLIAM SCHANNEL	L (Cl	nannell	\T T	mber 5, 196	,	3:36 A. M.
FULL NAME CHOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOC		c.	STATE Mary	Where ylan outside	deceosed lived. If instituted B. COUI corporate limits, write	tution: resid NTY	dence before odmission)
South	n Baltimore Ho	spital (DO	A)			Lee Street		
s. sex Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)		ATE OF BIRTH 11-11-23		9. AGE (In years lost birthdoy) 41	Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
	CCUPATION (Give kind of wor of working life, even if retired)	rk TOB. KIND OF BUSINESS OR INDUS	TRY 11.	BIRTHPLACE (State of	r foreig	n country)	12. CITIZI WHA	EN OF LT COUNTRY?
13. FATHER'S N		111	14. /	NOTHER'S MAIDEN	NAME			
15. WAS DECE	Clinton Schann ASED EVER IN U.S. ARMER wnh, (If yes, give wor or date	D FORCES? 16. SOCIAL	17. (	NFORMANT	Mai	ry Arbogast	ADDRESS	3
				Runner Fun	era	l Home, Elki	ns, W	. Va.
(This docheon foil injury or DISEAS) RISE TO UNDER	EASE OR CONDITION D LEADING TO DEATH es not meon the mode of ure, osthenic, etc. It meon complication which coused  ANTECEDENT: CAUSE ES OR CONDITIONS, IF A THE ABOVE CAUSE (A) S VING CONDITION LAST.	f dying e.g., s the disease, deoth.)  ES  ANY, GIVING DUE TO  (B) CON  (C)		al edema ar		arbon monox:	ide	ONSET AND DEATH
# DISEASE					or Na)	208. IF YES, WERE FIN IN CERTIFYING CAUS YES	IDINGS C	ON SIDERED ATH?
ZIA, EXTER	NAY CAUSE WAS IG POR CONTRIB- AUSE OF DEATH.  (Month) (Day) (Yec  11-5-67 2:5.			21 F. HOW DI	DID (UR?	of the Boltimore City, give anover Street	et	
ACTI SIGN EXA	ATURE COS	Inquiry Inspection Sui	Autopsycide		L AL EX	AMINER X	er 🗌	DATE SIGNED er 10, 1967
		23C. NAME of CEMETER 267 Simmons Ce 248, NAME OF REGISTRAR			7	Valley Head,	West	
	NOV 1 5 1967	Robert E. Farley M	S.	Wm.Johns	on,	8521 Loch R	aven	Blvd. 21204

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BALTIMORE CITY HEALTH DEPARTMENT 67 10907 CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH MARION . P. FREISHEIM (Type or Print) Nov 1967 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and BALTI MORE HOSPITAL AND HOME D. STREET ADDRESS (If rurot, give location) BALTI MORE mad 6. RACE MARRIED, NEWSR MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (specify) Months Doys Hours 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY disposition done during most of working life, even if retired) Registered Nurse State Of Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 4 Box 435 Balto. Md. 21227 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO No Mr. HANAXI Henry H. Freisheim CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This daes not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. before the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes) or No! 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? Boltimore City, give exact location) DEATH (notify medical examiner etc. MEDIC obtained 21 D. TIME OF INJURY 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Year) (Hour) While At Not While (APPROX.) At Work -31 22. I certify that (1) (this hospital) attended the deceased from 10 19.67 ond that in (my) (bur) apinion death accurred an the date and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B DATE SIGNED 11-12-67 Attending Phys. Med. Stoff Director Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) Burial Balto. Md. Nov. 15, 1967 Meadowridge Cem. 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS

G. Truman Schwab 3512 Frederick Ave. Balto. Md VS 150-REV. 1/1/65

15 to A PARM N CHENCH WITH DRD HOSPITHL DROMITABLE (402 FIFTH) RT. 4 BOX 435 maket willed and the second of the second second Limited to the Affairs of Path Cincher 10 - 31 10 - 12 11 - 12 -1-3 Nodelio M. Gein Robolio H. Lin

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

7	-Z00 07 AS	BALTIMORE CITY	HEALTH DEPARTMENT		67 10908
	I NO. CASE NO.	908 CERTIFICA	TE OF DEATH	Registered No	67 10908
1.NA	ME OF DECEASED	- Annual Control of the Control of t	2. DATE AND	HOUR OF DEATH	
Пуре	or Print) Hilbert	F-005	NOV.	11,1969	11:00 A.M.
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before odmission)
			11 1 - 1	, ,	
	JLL NAME OF (If not in hospitot or institut OSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN (If outs	Tala aitu limita unita DII	IRAL ond give township)
IN	STITUTION		DALL		The same street and the same same same same same same same sam
	/ Manual and Community	77	D. STREET ADDRESS (If it	urot, give location)	2101
	10 Maryland General	Hospital	+ 11 01 W		1.00 P1
	7.0		4406 1	Marble H	ace 12d
5. SE		NED, NEVER MARRIED OWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	$M \cup \omega$	m	3.21.02		
10A.4	USUAL OCCUPATION (Give kind of work 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF
done	during most of working life, even it retired)	T	D 743	MA.	WHAT COUNTRY?
10 =	Retired Exect,	Insurance	Baltimore,		
13. F	ATHERS NAME		14. MOTHER'S MAIDEN NAM	NE.	
	John Foos		Anna Benner		
15. W	as Deceased Ever in U. S. Anned Forces?	1 6. SOCIAL	17. INFORMANT	<del></del>	ADDRESS
(Yes.	no or unknown) (If yes, give wor or dotes of serv				
	No.	215 07 8712	Mrs. Agnes Foo	os 4406 Marb.	le Hall Rd.
1	B. 5 8 /4 (1)	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH	(A) EX	SanquiNATion		
	This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE 10		**********************	
	injury or complication which coused death.)	21	A. C.	011	
	ANTECEDENT CAUSES	(B) Ble	eding Esopha	Seal Varice	2 2
,	DISEASES OR CONDITIONS, if ony, gi	DUE TO	, ,	0	
	ise to the obave cause (A) stating	the (C)	sanguination ading Esophor thosis of the	e Liver	
	UNDERLYING CONDITION Iosi.		6		pomonante de miser en el primer en en estremente de frij di di primer di sere di del traduzio di en e e e e e e frij di di gi frij e di gi
	II—				
	OTHER SIGNIFICANT CONDITIONS CONTRIBL				
=	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAUS	SES OF DEATH?
U 2	A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
	DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
U					
	OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
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2	2. I certify that (I) (this hospital) attend	ad the deceased from	Jan 1	66 to N	OV, 11 1967
		to A . A Comm			
	hot (I) (we) last saw the deceased olive	on // /-/	196/ and tho	tin(my) ( opini	on deoth accurred on the date
0	and hour ond from the couses stated above	e. (I) (10) (did) (didaut) v	iew the body ofter deoth.		
2	3A. SIGNATURE				23 B. DATE SIGNED
	Loude	eyloz M.D. Alle Phy	ending Med. Director	Stoff Phy s.	11011 11 1010
2	3C. PHYSICIAN'S				NOV.11, 1967
	NAME (Type)	AVLOR	3902GREE	UMOUNT A	VE.
		M.D.	BALTIMO	RE-MO.	21218
24A.	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	, lown, or county) (Stote)
	n . n   1-1 14	Tandan D. J. C.	. D	744	
25A	Burial 11/14/87 DATE REC'D BY HEALTH DEPT. 258. NA/	Loudon Park Cem	25C. FUNERAL DIRECTOR	ltimore, Mo	ADDRESS
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BII	RTH NO. 67	1090	9 CERTIFICA	TE OF DEATH	Registered No.	67 10909
	NAME OF DECEASED				ND HOUR OF DEATH	
(T)	(pe or Print) Alex Sante	ey		Nov.	13, 1967	9 P
3.	PLACE OF DEATH IN BALTIMORE, MARYLAN	ND			ere deceased lived. If in	stitution: residence befare admission)
	FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location) INSTITUTION	titution, g	ive street	c. city or town (If our Wilkes		RURAL and give township
	US Public Health Servi	ice H	ospital		tutol, give location)	1-33
	3100 Wyman Pk. Drive			RD 1	Box 708	
5.	M 6. RACE 7. M	IDOWED	NEVER MARRIED , DIVORCED (specify) Married	8. DATE OF BIRTH 7/15/21	9. AGE (In years lost birthdoy) 46	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 108, in during most of working life, even if retired)  Auto Junkman	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore Pa.	eign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	-		14. MOTHER'S MAIDEN NA	ME	VIO.
	George Santey			Mary Gual		
15 (Y	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (11 yes, give wor or dates of s	service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no		189-18-8185	Records- US P	HS Hospital,	Balto, Md.
	18. 4 3		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL	. Y	Δ	cute myelogenou	s leukemia	Months
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ATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	RIBUTING TO THE	5			
PTIFICA	2 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		VHICH OPERATION	20A. AUTOPSY? (Yes or N.	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
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	22. I certify that (I) (this hospital) atte			Sent 28	19 67 to NOV.	19 67,
	that (1) (we) lost saw the deceased oli					
					•	mon death accorded on the date
	ond hour ond from the couses stoted of	bave. (I	/(we) (ala) (aya/nov) v	lew the body offer death.		23 B. DATE SIGNED
	James MW 3	sure	M.D. Atte	nding Med.	Stoff Phys. X	11/14/67
	23C. PHYSICIAN'S		Phy	s. Director 23D. ADDRESS	rhys.	11/ 14/ 01
	James M. Weaver, Medi	cal I			ital, Balto,	Md.
24	A. BURIAL CREMATION, 248, DATE		ME of CEMETERY OF CRE			ty, town, or county) (Stote)
	REMOVAL (Specify)	5.	+ Harris Go	of Cottali	Dalle-	Pa.
25	SA, DATE REC'D BY HEALTH DEPT. 298.	NAME O	F REGISTRAN	25C. FUNERAL DIRECTO	R/ ((a>)	ADDRESS
	NOV 1 5 1967 R	0. 8	- 2 Farley MA	Wan A Tie	lener Son	1 Balto Md.
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Ш Х	f d d	3. P	LACE OF DEA	TH IN BALTIMORE MA		***	14. USUAL RESIDENC	E (Where deceased lived, If	institution: residenc	e before admission)
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×	Se Se de de de	F	ULL NAME OF	(If not in haspital address as lacatio	ar institution,	give street	Maryland			
O	0 0		NSTITUTION	address of facolia	n)			(If autside city limits, write	RURAL and give	lownship)
0	US L	0	3.3				Baltimor	(If jural, give location)		7 0 1
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m	a diriginal	Di s	EX	6. RACE		D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Manths: Days	If Under 24 Hrs. Hours Min.
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>	40 of 100 m	IOA.	USUAL OCCU	PATION (Give kind of war rarking life, even if retired)	KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar faceign country)	12. CITIZEN O	UNTRY?
Ø	to de - do		Retired	- Hat Mfgr.	M. S.	Levy and Co.	Baltim	ore, Md.		
4	de de	13.	FATHER'S NAM	\E			14. MOTHER'S MAID	EN NAME		
× -	if (4) www.	7					D1 D	7.4-		
o Z	4.4.6.2	15.	Frankli	In P. Joyce Ever in U. S. Armed Fa	ces?	1 6. SOCIAL	Elva Dar	lult	ADDI	ESS
4	in i	Yes	, na ai unknawn)	(If yes, give was ar date	es of service)	SECURITY NO.	M 17-3	0 1 20	00 1/- :-1	D 1 99
P 8	find A Pin	<u> </u>				219-16-6116		C. Joyce 30	00 Keswick	
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Y	did did	NO N	OTHER SIGNI	FICANT CONDITIONS	ONTRIBUTIN	E .	0	2	, , ,	\
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O m	the do	FEC	19A. DATE OF	OPERATION 198. CON	IDITION FOR	WORLD OF RATION	20A. AUTOPSY? (Ye	s or No. 208. IF YES, WER	E FINDINGS CONS	DERED ?
2 Z	- A - X - X - X	ERT	2.		,		162		No	152
SI	tal be per (2) here to ph	0,	OR CONTRIBU	TING CAUSE OF	218 har	B. PLACE OF INJURY (e.g ne, farm, factory, street,	affice bldg., INJURY OC	DID (If in Boltim	are City, give exac	t location)
	- + + + + + + + + + + + + + + + + + + +	Y A	DEATH (notify	medical examiner)	etc	) Dow	e 43°	7 N. Sh	over It	.6-02
S	Spiral Spiral	MEDI	21 D. TIME OF INJURY	(Manth) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW D	DID INJURY OCCUR		
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0	based dent lospit deat must	9	23A. SIGNATU	S() - 1-41	010				23B, DATE SIGN	NED
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	= - P B	244	BURIAL CREA	MATION, 24B. DATE	24C. N	AME of CEMETERY OF		24D. LOCATION	City, tawn, at coun	ty) (State)
	F 4 0 0 5	Med	Burial	11/14/6	7 1	oudon Park C	emoterr	Baltimore, Md		
	his certifue body hows: (1) ras D.O.	254		BY HEALTH, DEPT.C.7		OF REGISTRAR	25C. FUNERAL DI		- 41	27900
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		. 42	130-KE 4. 1/1/6		I was at			L A		

	H NO.	CERTIFICA	TE OF DEATH	egistered No	67 1091
	. CASE NO. AME OF DECEASED	CERTIFICA	2. DATE AND H	DUR OF DEATH	
	e or Print) PAYNE HARRY J.		11- 12		7:30
3. [	LACE OF DEATH IN BALTIMORE, MARYLAND	•	4. USUAL RESIDENCE (Where dec	eased lived. If institu	tian: residence before adm
			A. STATE B. COUNTY		
- 1	TULL NAME OF (If not in hospital ar institution, give strands of the strands of t	reel	C. CITY OR TOWN (If outside	1. P. 1. BII.	
	NSTITUTION			city limits, write KUK.	AL and give lownship
4	There is the		BALTIMORE D. STREET ADDRESS (If rural,	give lacotion)	7 4 6
-	UNION MEMORIAL HOS	P.	1 1		
5. 9	EX 6. RACE 7. MARRIED, NEVE	P MAPPIED			Under 1 Yı. , If Under
	WIDOWED, DIVE	ORCED (specify)	C. T. lost I		Under 1 Yı. If Under
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dan	during mast af warking life, even if retired)	1E33 OK IIIDOSIKI		ionity/	WHAT COUNTRY?
	NETINED - Hats		MANYCAND		U.SA.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	PAYNE HARRY	21	LAURA TI	ACL	SAME
15.	Was Deceased Ever in U. S. Armed Forces? 16.50	OCIAL	17. INFORMANT	IUL	ADDRESS
(Ye		ECURITY NO.	Maria A. C. D.		
			Mrs. Anna S. Payne		
	18. 4 5 / /1	CAUSE OF	ne of afaiter	· . 1. +	INTERVAL BETWE
	DISEASE OR CONDITION DIRECTLY	Kupti	me of atten	rosclewice	1 - 1
	LEADING TO DEATH	(A) a	reusen a abdo	minul aurt	a 3 days
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.	DUE TO			
	injury or complication which caused death.)		0		
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, giving	DUE 10			
	rise to the above cause (A) stating the	(C)			1
				·····	<i>y</i> ,
	UNDERLYING CONDITION last.			W. 1	( Wu
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CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			LIFYES WEDE FINI	DINGS CONSIDERED
TIFICATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		[20 A. AUTOPSY? (Yes at No)] 20	IF YES, WERE FINI	DINGS CONSIDERED S OF DEATH?
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	6'	7 109	12 CERTIFICA	HEALTH	DEPARTMENT	D. J. and J.N.	67 10912	
M.E. CASE NO.			CERTIFICA	TE O	F DEATH	Registered Na.		
1. NAME OF DE	CEASED				2. DATE A	ND HOUR OF DEATH		
	Nellie I	B. Mye:	rs.	11014	Nov	13,1967 ere deceased lived. If i	5.15 P.M.	
3, PLACE OF DI	EATH IN BALTIMORE, MA	KILAND		A. STAT	E B. COU	ere deceased lived. It i	nstitution: residence before odmission)	
FULL NAME HOSPITAL OR INSTITUTION		oı institution, n)	give sheet	c. city	eryland or town (If o	utside city limits, write	RURAL and give township)	
00	3715 Roland	Ave		D. STRE		l wol, give location)	2/-13	
				162	21 Sulgra	ve Ave.		
5. SEX	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr. If Under 24 His. Months; Doys Hours; Min.				
Female	White CUPATION (Give kind of work	Wide	OW F RIISINESS OF INDUSTRY	Aug	9.1887	80	12, CITIZEN OF	
	f working life, even if retired)	TOU KIND OF	BOSINESS OR INDUSTRI	II. DIKIF	TEACE (SIGNE OF TO	ergii country/	WHAT COUNTRY?	
House				Ma	ryland		U.S.	
13. FATHER'S NA	ME			14. MOI	HER'S MAIDEN NA	ME		
John	T. McKinney		= _	Ly	dia Fogl	.e		
15. Was Decease (Yes, no oi unknow	T. McKinnes  d Ever in U. S. Armed Form (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS	
no	no		?	Cha	rles W.R	icketts.3	317 Westerwald Ave	
18. 42	0,11		CAUSE O	FDEATH			INTERVAL BETWEEN ONSET AND DEATH	
DISEA	ASE OR CONDITION DIR	ECTLY	/		77	0		
(This does	not mean the mode of	dying, e.g.,	(A) DUE TO	YUNA	reg Thron	60515	suller	
heort foilure	, osthenia, etc. It meons	the disease,	4		,		4 years	
	ANTECEDENT CAUSES		(B) Cle	inic	Misca	detes	4 gears	
DISEASES	OR CONDITIONS, if	onv. giving	502.10					
rise to t	he obove couse (A) IG CONDITION lost.			*******		***************************************		
O OTHER SIGN	III			_				
DISEASE OF	DEATH BUT NOT RELA R CONDITION CAUSING I		IE					
19A. DATE O	OF OPERATION 198. CON WAS PERI		WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner	21 E hon elc.	PLACE OF INJURY (e.g., in ne, form, foctory, street, of )	n or obout fice bldg.,	21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	e City, give exact location)	
D 21D. TIME	(Month) (Doy) (Yeor)	(Hour) 21E	. INJURY OCCURRED		21F. HOW DID IN	JURY OCCUR?		
(APPROX.)		Wi	nile At Not While					
22. I certif	y that (1) (this haspital	) ottended t	he deceased from		2-25	19 63 to	11-13 1967.	
	, , , , ,						inlon deoth occurred on the dote	
			l) (We) (did) ( <del>did noi</del> ) v					
23A. SIGNAT			17 (110) (010) (	1011 1110			23B, DATE SIGNED	
	Rombon C	Dotton	an M.D. Atte	nding [	Med.	Stoff Phys.	11-14-67	
23 C. PHYSICI NAME		· IU		23 D. ADD		+ 117 3+ C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Reuben Hof		M.D.	846	W.36th	St.		
24A. BURIAL CR REMOVAL	EMATION, 24B, DATE		AME of CEMETERY OF CRE	MATORY	24D.	LOCATION (C	city, town, or county) (State)	
Burial		67 Dri	uid Ridge Ce	me te	rv P	ikesville	Md	
	NOV 1 5 1067	258. NAME	aid Ridge Ce	25C,	FUNERAL DIRECTO			
1.0	ENT A U 130/	bleet	E. Jankey MA	1	uslin 6	Donovan	J-3818 Roland Cur	
VS 150-REV, 1/1	/00					7		

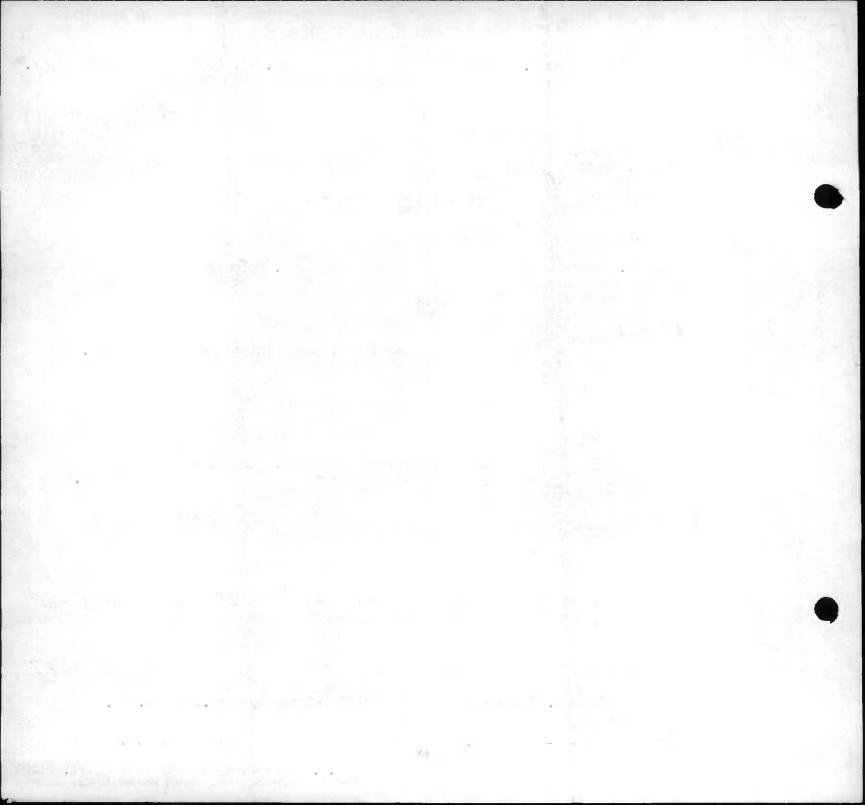
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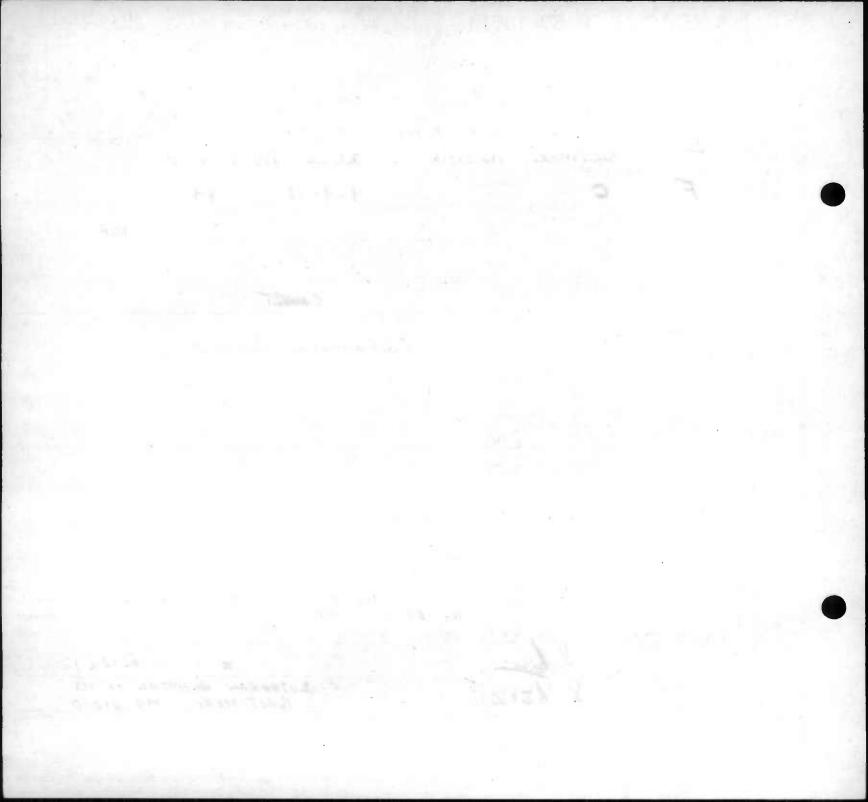
	Miss Teresa	I. Heenan			13, 1967	2:00	a.	
FULL NAME OF HOSPITAL OR Oddress or location) The Seton Psychiatric Institute				4. USUAL RESIDENCE   Where deceased lived. If institution: residence before admissi A. STATE  MARYLAND  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  BALTIMORE				
6420 Reisterstown Road				D. STREET ADDRESS (If rurol, give locotion) 6420 Reisterstown Road				
Female	re, Maryland 2	7. MARRIED, NEVER M WIDOWED, DIVORC Never ma	ED (specify)	3. DATE OF BIRTH 10-20-97	9. AGE (In years last birthday)		er 24 H Min.	
0A. USUAL OCC	UPATION (Give kind of work working life, even if retired)			1. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NA		01141 011	1	4. MOTHER'S MAIDEN NA	AME			
John	n A. Heenan			Teresa A. I	Delaney			
	d Ever in U. S. Armed For n) IIf yes, give wor or dote	s of service) SECU	RITY NO.	7. INFORMANT		ADDRESS		
18. 15 S	SE OR CONDITION DIR	ECTIV	CAUSE OF	DEATH	INTERVAL BETY ONSET AND D			
	LEADING TO DEATH		Carci	inoma, lower in	6 mos.			
OTHER SIGN TO THE I	ANTECEDENT CAUSES OR CONDITIONS, if the abave couse (A) G CONDITION lost.  III IIIIICANT CONDITIONS COMMENT CONDITION CAUSING I	Staling the  ONTRIBUTING TED TO THE	hizropher indiffer	nic reaction, or	chronic	45 yrs.		
Service 2	WAS PERI			Yes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	home, form, for	octory, street, offi	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	III IN BOITIMO	re City, give exact location		
21 D. TIME OF INJURY (APPROX.)	(Month)   Doy)   Year)	Hour) 21 E. INJURY ( While At Work	Not While At Work					
	y that (I) (this hospital ) lost sow the decease			12, 19 6 7 and 1	that in (my) (our) op	DVEM W- 13, 1 Dinlon death occurred o	9 6 /	
ond hour or 23A. SIGNAT	URE	Jakreix		ew the body ofter death	Stoff Phys.	Nov. 13. 19	67	
	AN'S Type)	Talance day		6420 Reisters	town Rd. Be	1++ W4		
23 C. PHYSICI	Walter O.	Janrreiss	M.D.	OHEO REISUELS	oomii itas, ba	Lto. Ma.		

V\$ 150-REV. 1/1/65

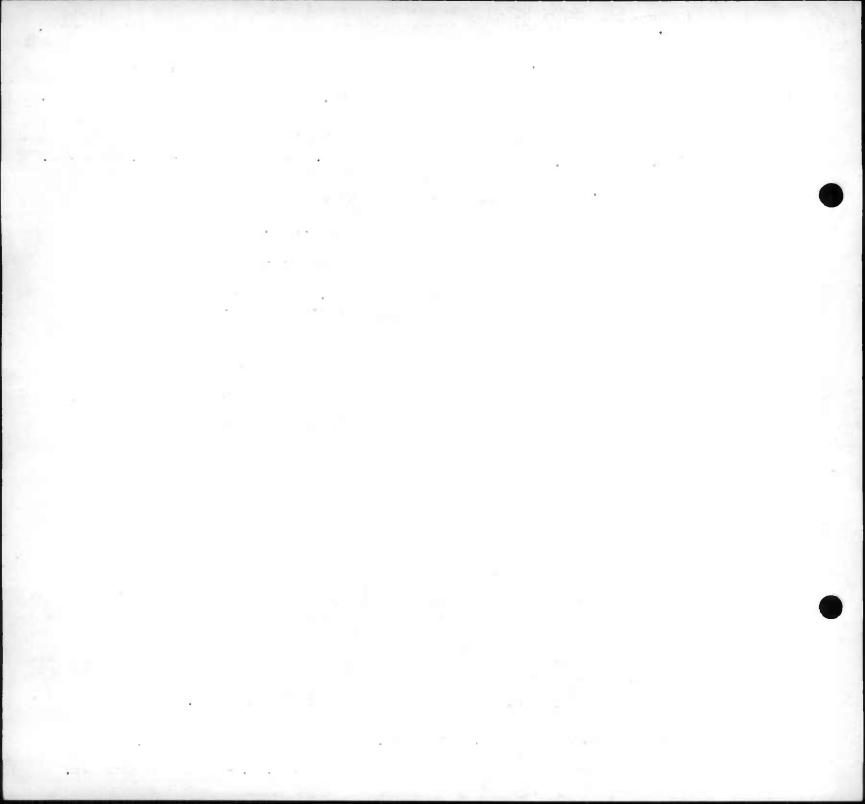


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

(P) 4	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 10914
BIRTH NO.  M.E. CASE NO.	0914 CERTIFICA	TE OF DEATH Registered No.	2. 7007.4
NAME OF DECEASED	ATAYLOR	2. DATE AND HOUR OF DEATH	1 9:15 P.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceosed lived, 11 i A. STATE B, COUNTY	nstitution; residence before admission
FULL NAME OF (If not in hospital or instit	ution, give street	MARYLAND	
INSTITUTION	ospiTAL of MD.	C. CITY OR TOWN (If outside city limits, write BALT INDRE	RIMAL and give township)
. / /		D. STREET ADDRESS (If rurol, give location)	· · · · · · · · · · · · · · · · · · ·
46 BALTIMORE,		2422 PRESBURY 8	<i>t</i> .
	RRIED, NEVER MARRIED DOWED, DIVORCED (specily)  Never manual	B, DATE OF BIRTH  9. AGE (In yeors lost birthdoy)  89	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
0A, USUAL OCCUPATION (Give kind of work 10B, KI) one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME TURNOUN		14. MOTHER'S MAIDEN NAME	
	1 6. SOCIAL	17. INFORMANT	ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of se	rvice) SECURITY NO.	CHART	
18. 33/XI	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Cas	ebrovascular Accident	
(This does not mean the made of dying,	e.g., DUE TO	ern o sauce production	
heart failure, asthenia, etc. It means the di- injury or complication which coused death.			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoling			
UNDERLYING CONDITION Iost.	(0/		0 A A DAG DAGRAM O T GO DAGRA O DAGRA O DAGRA DA A T O DOVO DO PA A O O DOVO PA A A A E E E O DAGRA E E E
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING TO THE		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimo	re City, give exoct locotion)
U	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hour OF INJURY (APPROX.)	While AI Not Wh	ile 📉	
22. I certify that (I) (this hospital) atter			(- 12 1967
		19 6 7 and that in(my) (aur) ap	
and have and from the causes stated abo			
23A. SIGNATURE			23B. DATE SIGNED
1. 162	M.D. At	ending Med. Stoll Phys. Phys.	11-12-67
23C. PHYSICIAN'S NAME (Type) S. AZ	1Z M.D.	23D. ADDRESS LUTHERAN HOSP.	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CI	REMATORY 24D. LOCATION (C	HD. 21216  City, town, or county) (State)
Surial Nov16/19	neur Cath	indel Butto	ms
25A. DATE REC'D BY HEALTH DEPT.   258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NOV 1 5 1967 R	Cub E, Janky AR	V. Brooks Rugg	old
VS 150-REV. 1/1/65		0 0 0 0 1	



		CEASED		15 CERTIFIC	2. D.	ATE AND HOUR OF DEA	in .
(тур	e or Print)	Louise	D. Da	mme		November 10	1967
3. P	LACE OF D	EATH IN BALTIMORE, N			4. USUAL RESIDENCE A. STATE B.	E (Where deceased lived. I COUNTY	f institution: residence be
H	ULL NAME IOSPITAL OF NSTITUTION		ol or institution, ion)	give street		(If autside city limits, wri	te RDRAL and give town
7		al German Ag Atholl Ave.	ed Home		D. STREET ADDRESS	(If rurol, give locotion)	-22 S. Athol
5. S		6. RACE	7 MARRIED	, NEVER MARRIED	B. DATE OF BIRTH		
	F	Cauc.	widowe Sing	D, DIVORCED (specify)	1/15/79	9. AGE (In years lost birthday)	Months: Days Ho
		of working life, even if retired		E BOSINESS OK INDUST	Balto.,		12. CITIZEN OF WHAT COUNT
13. 1	Hen:	ry Damme			14. MOTHERS MAID		
15. V (Yes	Was Decease, no or unknow	d Ever in U. S. Armed I vn) (If yes, give war or d	orces? otes of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Gen. Ger	man Aged Home	ADDRESS
	18. LL 5	0.01		CAUSE	OF DEATH		INTERVAL ONSET AN
	DISEASES	not meen the mode c, ostherio, etc. It mee complication which cous ANTECEDENT CAUS OR CONDITIONS, it the above couse (A NG CONDITION lost.	ns the disease ad death.) ES ony, giving	(B)	hydration ( neralized	The much artriosc	ition Verosis
CATION	DISEASES rise to UNDERLY!!  OTHER SIG TO THE DISEASE OISEASE O	e, osthenio, etc. II meo omplication which cous  ANTECEDENT CAUS  OR CONDITIONS, if the above cause (A NG CONDITION lost.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	ns the disease, and death.)  ES  ony, giving the state of	(B) DUE TO OUR T	hydration ( nesalized	or Briosc	itisu Perosis
ATIO	DISEASES rise to UNDERLY!!  OTHER SIG TO THE DISEASE OISEASE O	or osthenio, etc. II meo omplication which caus antecedent caus or conditions, in the above cause (A CONDITION lost.  II  NIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OF OPERATION 198. CO	ns the disease, and death.)  ES  ony, giving the state of	(B) FO	hydration ( nesalized	F Mainuts  Ordriosts  Ordriosts  Ordriosts  Ordriosts  Ordriosts	lecoses  RE FINDINGS CONSIDER CAUSES OF DEATH?
AL CERTIFICATIO	DISEASES rise lo UNDERLYIF  OTHER SIG TO THE DISEASE O  19A-DATE G  21A-ACCID OR CONTRI	or osthenio, etc. II meo omplication which caus antecedent caus or conditions, in the above cause (A CONDITION lost.  II  NIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OF OPERATION 198. CO	contribution  CONTRIBUTION  LATED TO THE  IT.  INDICTION FOR	IG HE WHICH OPERATION  B. PLACE OF INJURY (e.g. me., form, foctory, street, st	resalized  20 A. AUTOPSY? (Year office bldg., INJURY OC		RE FINDINGS CONSIDER CAUSES OF DEATH?
AEDICAL CERTIFICATIO	DISEASES rise lo UNDERLYIF  OTHER SIG TO THE DISEASE O  19A-DATE G  21A-ACCID OR CONTRI	or condition cause of open conditions of con	contribution for erick in the disease and death.)  cony, giving the contribution for the contribution for erick in the contrib	IG HE WHICH OPERATION  B. PLACE OF INJURY (e.g. me., form, foctory, street, st	a, in ar about 21 C. WHERE INJURY OC		
MEDICAL CERTIFICATIO	DISEASES rise lo UNDERLYIF  OTHER SIG TO THE DISEASE 21A. ACCID OR CONTRI DEATH (noil)  21D. TIME OF INJURY (APPROX.)	e, osthenio, etc. II meo complication which cous  ANTECEDENT CAUS  OR CONDITIONS, in the obove couse (A NG CONDITION lost.  II  NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OF OPERATION 198. CO WAS P  JENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner)  (Month) (Day) (Year	contribution  co	WHICH OPERATION  B. PLACE OF INJURY (e.g. me., form, foctory, street,)  E. INJURY OCCURRED hile At	a, in or about 21C. WHERE affice bldg., INJURY OC	DID (If in Bolin	mare City, give exact lac
MEDICAL CERTIFICATIO	DISEASES rise lo UNDERLYII  OTHER SIG TO THE DISEASE 21A. ACCID OR CONTRI DEATH (noi	e, osthenio, etc. II meo complication which cous  ANTECEDENT CAUS  OR CONDITIONS, in the above cause (A NG CONDITION lost.  II NIFICANT CONDITIONS DEATH BUT NOT RE OF OPERATION 198. COV WAS P  JENT WAS UNDERLYING BUTING CAUSE OF Ty medical examiner)  (Month) (Day) (Year  Ty that (I) (this haspite	contribution  co	WHICH OPERATION  B. PLACE OF INJURY (e.g. me., form, foctory, street, form)  E. INJURY OCCURRED hile At At Work  At Work  The deceosed from	a, in or about 21C. WHERE affice bldg., INJURY OC	DID (If in Bolting CUR?	nare City, give exact lac
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MEDICAL CERTIFICATIO	DISEASES rise to UNDERLY!!  OTHER SIG TO THE DISEASE O 19A.DATE O 21A. ACCID OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (w.	ANTECEDENT CAUS  OR CONDITIONS, in the obove couse (ANTECEDENT CAUS)  OR CONDITIONS (ANTECEDENT CAUS)  INTERCANT CONDITIONS DEATH BUT NOT REAL CONDITIONS CAUSING (ANTECEDENT CAUSING (ANTECEDENT CAUSE OF (ANTECEDENT CAUS	contribution  Co	(B) DUP TO DUP TO (C)	a, in or about 21C. WHERE affice bldg., INJURY OC	DID (If in Boltin CUR?  DID INJURY OCCUR?  1967 ta	nare City, give exact lac
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MEDICAL CERTIFICATIO	DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE O 19A.DATE ( 21A. ACCID OR CONTRI DEATH (noil 21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (w. ond hour o 23A. SIGNA	OR CONDITIONS, in the obove couse (ANTECEDENT CAUSE) OR CONDITIONS, in the obove couse (ANTECEDENT CAUSE) OR CONDITION IOSI.  INTELLATE CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OF OPERATION 198. COWAS POPERATION (Month) (Doy) (Year of the couse of	contribution  Co	(B) DUP TO DUP T	thile 19 (Attending 19 Med.	DID (If in Boltin CUR?  DID INJURY OCCUR?  1967 ta	onare City, give exact lac
MEDICAL CERTIFICATIO	DISEASES rise to UNDERLY!!  OTHER SIG TO THE DISEASE OF TO THE DEATH (not)  21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (wond hour of the property of the property of the the property of the the the the property of the	OR CONDITIONS, in the obove couse (ANTECEDENT CAUSE) OR CONDITIONS, in the obove couse (ANTECEDENT CAUSE) OR CONDITION IOSI.  INTELLATE CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OF OPERATION 198. COWAS POPERATION (Month) (Doy) (Year of the couse of	contribution  Co	(B) DUP TO DUP T	hile 21F. HOW E  Attending Med.  Attending Med.  Directo	DID (If in Boltin CUR?  DID INJURY OCCUR?  1967 ta	onare City, give exact lac
MEDICAL CERTIFICATIO	DISEASES rise to UNDERLY!!  OTHER SIG TO THE DISEASE O  19A. DATE (  21A. ACCID OR CONTRI DEATH (not)  21D. TIME OF INJURY (APPROX.)  22. I certify that (1) (w. ond hour of 23A. SIGNA)	e, osthenio, etc. II meo complication which cous  ANTECEDENT CAUS  OR CONDITIONS, in the above cause (A NG CONDITION Iost.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OF OPERATION 198. CO WAS P  (Month) (Day) (Yea  Type)  (Yea  Type)  (A)  (Type)	CONTRIBUTIN LATED TO THE IT. BIT. BIT. BIT. BIT. BIT. BIT. BIT. B	B. PLACE OF INJURY (e.g. me, form, factory, street, ork)  E. INJURY OCCURRED Not Work At Work  At Work  (I) (We) (did) (did not M.D. A	in or about 21C. WHERE office bldg., INJURY OCH.  21F. HOW Entry  21F. HOW Entry  21F. HOW Entry  Attending Med. Director  23D. ADDRESS  23D. ADDRESS	DID (If in Boltin CUR?  DID INJURY OCCUR?  and that in(my) (aur) deoth.	onare City, give exact lac
WEDICAL CERTIFICATIO	DISEASES rise to UNDERLYII  OTHER SIG TO THE DISEASE O 19A.DATE ( 21A. ACCID OR CONTRI DEATH (noil 21D. TIME OF INJURY (APPROX.)  22. I certif that (1) (w. ond hour o 23A. SIGNA	e, osthenio, etc. II meo complication which cous  ANTECEDENT CAUS  OR CONDITIONS, in the above cause (A NG CONDITION Iost.  II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OF OPERATION 198. CO WAS P  (Month) (Day) (Yea  Type)  (Yea  Type)  (A)  (Type)	contribution for the disease, and death.)  ES  ony, giving the contribution for the distance of the distance o	B. PLACE OF INJURY (e.g. form, factory, street, and the deceased from the deceased f	in or about 21C. WHERE office bldg., INJURY OCCUPANT OF THE OCCUPANT OF THE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	DID (If in Boltin CUR?  DID INJURY OCCUR?  19/27 to	City, give exact lac



FUN	VERAL	DIR	FUNERAL DIRECTOR: IMPORTANT	IME	ORT	IN		•				$\propto$	(5)
pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the gard of the physician was in regular attendance on the continuous deceased prior to death. Such a checinal hefore the remains are embalmed or final disposition is made.	a mediody burner physician w	lical e cal e; ns; (3) ician as in	xaminer xaminer ) A fracti who pre	Also, ure of conounce after	if the any kinged de d	direction direction dispenses in the court dispense in the court dispenses in the court dispenses in the court dis	ct or ct or vas ir	contriketermin	outing led cat ar att prior	cause rse; (5 endar to d	spital of c ) Dece	and death sased n the Such	1

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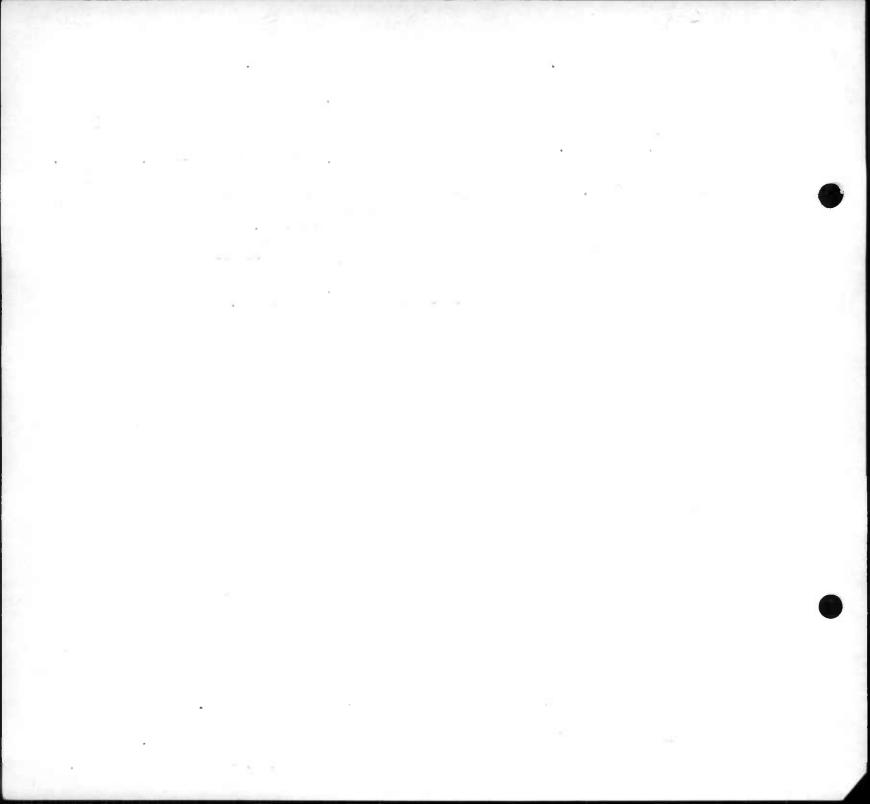
accident of

An

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O.A. at a

BALTIMORE CITY HEALTH DEPARTMENT 67 10916 Registered No. BIRTH NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Emma Nov. 12, 1967 Lehmann 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city timits, white RURAL and give township) INSTITUTION Baltimore Gen. German Aged Home D. STREET ADDRESS (If rurol, give location) 22 S. Athol Ave. Gen. German Aged Home-22 S. Athol Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months Doys Hours lost birthdoy F 7/28/84 Cauc. Single 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Biltimore, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Wilhelmina ----15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give wor or dotes of service) Gen. German Aged Home 14-22-6471 22 S. Athol Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the discose, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased frag that (1) (we) lost sow the deceased alive on..... 19 6 a hospital (
to death); ond that in (my) (our) opinion death occurred on the date ond hour ond fram the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Z Med. M.D. Phys. Director ___ Phys. _ approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) William J. Bryson 4605 Eamondson Ave. M.D. shows: (1)
was D.O.A
deceased | 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Buriak Baltimore Cemetery Baltimore, Md. 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAR ADDRESS Witzke F. D. - 4101 Edmondson Ave. V\$ 150-REV, 1/1/65



C-245 07	ADDAO BALTIMORE C	TY HEALTH DEPARTMENT		
BIRTH NO.	10918 CERTIFIC	ATE OF DEATH	Registered No.	67 10918
M.E. CASE NO.  1. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
COUGHLIN MARIE A	NTOINETTE	NOVEN	MBER 14, 196	7 5:00 A N
3. PLACE OF DEATH IN BALTIMORE,		A. STATE B. COUN	ire deceosed lived. If instituti TY	on: residence before admission
STLAGNES HOSPITA	one or institution, give street	MARY LAND	talda aita limita unita BIIBA	Bulla Co
BALTIMORE MARYLA				L one give township)
DALI MORE TARTES	110 2122)		rurol, give location)	
40		BOX 268 ME	YLSTON DRIVE	
FEMALE WHITE	7. MARRIED, NEVER MARRIED WIDDWED DIVORCED (specify) WIGOWED	04/06/11	56	Under 1 Yr. If Under 24 Hrs. nths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if reti Housewife	work 108, KIND OF BUSINESS OR INDUST	MISSOUR I	ign country)   12.	WHAT COUNTRY?
13. FATHERS NAME NDREW GRAY	,	BEATTY, M		
15. Wos Deceased Ever in U. S. Arme (Yes, no or unknown) (II yes, give wor or	dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Andrea Kinne ST AGNES HOS	ear-Box 268 Mey	lston Dr. NS & CATON AV
18. / 25.01	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION	DIRECTLY	1 - 1	-	OHSEL MAD DEATH
(This does not meon the mode	ol dying, e.g., DUE TO	La of overy	C GENERA-	
heart failure, osthenia, etc. It m injury or complication which ca	eans the disease, used death.)	ZED METAS	TASIS	
ANTECEDENT CAL	JSES (B)			
DISEASES OR CONDITIONS,	if ony, giving			
rise to the obove couse UNDERLYING CONDITION last			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	RELATED TO THE			
19A. DATE OF OPERATION 19B.	NG IT. CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes or Ne	O) 20B. IF YES, WERE FINDI	
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore City	, give exoct locotion)
21D. TIME (Month) (Doy) ()	eor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
(APPROX)	While At Not V			
22. I certify that (1) (this has	pital) attended the deceased from 1	OVEMBER 4,	19 67 10 NOVEME	BER 14, 1967
that X) (we) last sow the dec	eosed olive on NOVEMBER 1	4 , 1967 and th	not in (wx) (our) opinion	death occurred on the dat
and hour and from the causes	stoted obove. (I) (We) (did) XdXXX	) view the body ofter deoth.	XXX	
23A. SIGNATURE	in M.D.	Attending Med. Phys. Director	Stoff Phys.	DATE SIGNED
23C. PHYSICIAN'S NAME (Type) RODOLA	O M. ReviceA M	ST AGNES HOSE		S & CATON AVE
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)		CREMATORY 24D. L	OCATION (City, to	wn, or county) (State)
Burial 11/17	7/67 New Cathedra	L Cem.	Bultimore	Md.
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	- 4101 Edmond	ADDRESS
NOV 1.5 1967 A	0 80 Fall 40	HIJOZAG I. D	•	
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FUNERAL DIRECTOR:	by the chief medical examiner pital by a medical examiner.
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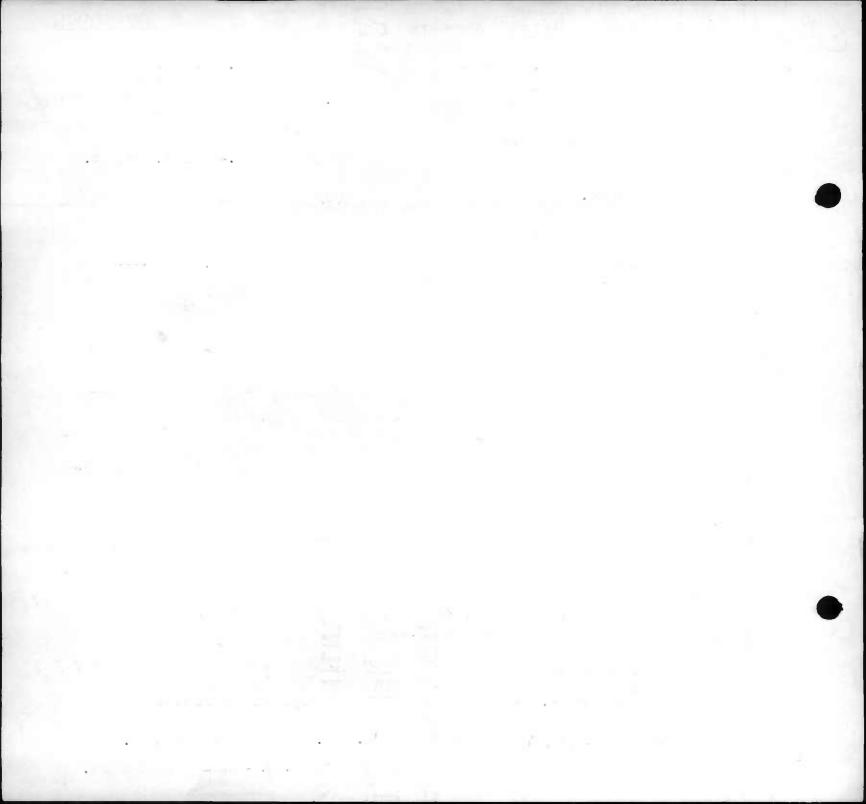
BALTIMORE CITY HEALTH DEPARTMENT 67 10919 CERTIFICATE OF DEATH Registered No. BIRTH NO. Such rect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo C. Andrews Nov. 13. 1967 Rena death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance A. STATE Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location Ilf outside city limits, write RURAL and give township 10 Baltimore Hillcrest Nursing Home prior D. STREET ADDRESS (If rurol, give location) Marylander Apts .- 3501 St. Paul St. regular made 7. MARRIED, NEVER MARRIED R. DATE OF RIPTH 9. AGE (In years lost birthdoy) If Under 1 Yr. Months: Doys 5. SEX 6. RACE If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours Cauc. 3/3/76 Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition = done during most of working life, even if retired) Maryland USA Housewife MOS 13. FATHER'S NAME the 14. MOTHERS MAIDEN NAME the direct William Cottingham Mary E. death On 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. Miss Clara Andrews attendance Marylander Apartments (3) A fracture of any pronounced CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY (A) in Clubal VAScular accolont

DUE TO

(B) Coulott ad school of

DUE TO

(C) Appertension of Carlinersself. embalmed LEADING TO DEATH 2 liketo (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner. regular injuly of complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the = physician UNDERLYING CONDITION lost. remains a medical (2) Body burns; MOS CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED the 19A, DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the body was released to the hospital by 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, olfice bldg., INJURY OCCUR? Ilf in Baltimore City, give exact location) where OR CONTRIBUTING CAUSE OF ° MEDICAL DEATH (notify medical examiner) etc.) any nature; 21 D. TIME obtained (Month) (Doy) (Yearl | Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) Work At Work and nov. 22. I certify that (I) (this haspital) attended the deceased fram... that (I) (we) last saw the deceased alive an Na. B and that in(my) (aur) apinion death accurred on the date An accident of hospital death) must and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A, SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff M.D. 0 deceased prior to written approval Phys. Director Phys. L 0 23C. PHYSICIAN'S 23 D. ADDRESS 40 NAME (Type) Bernard Cohen M.D. Marylander Apartments D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Arlington Nat'l. Cem. 11/16/67 Burial Arlington, Va. Was 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Witzke F. D. - 4101 Edmondson Ave. VS 150-REV. 1/1/65



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IMPORTANT

FUNERAL DIRECTOR:

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the body was released to the hospital by

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Christopher B. Merrit Johns Hopkins Hosp. Baldo Mid

Charlegher C. Marish W.

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	5-315		HEALTH DEPARTMENT		67 10921
2	BIRTH NO. 67 105	921 CERTIFICA	TE OF DEATH	Registered No	Q/ IUJGI
est I	MIL CASE NO.	CERTIFICA			
	1. NAME OF DECEASED (Type or Print)	0000	A	v. 9. 196	7 9.45 A
*	William Steve	enson	4. USUAL RESIDENCE (V	Where doce sed lived, If	institution: residence before admission)
				Dalliane	
家 か	FULL NAME OF (If not in hospital or institut oddross or location)	ion, give street	Maryland	Baltimo	RURAL and give township)
19	INSTITUTION		Baltimore		10-07
	33		D. STREET ADDRESS	(If rural, give location)	
ul	The Johns Hopkins Ho		730 N. Gay	•	
ø.	WIDO	NED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		ingle	2-27-19	48	
	10A, USUAL OCCUPATION (Give kind of work 108, KIN) done during most of working life? even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Tatur		maryle	ul	DSA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	James Stevenson	e	Jennie 🖈	theune	
	15. Was Deceased Evar in U. S. Armed Foldes? (Yas, no or unknown) (If yes, give war or datas of sarvi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	20	ADDRESS
	NÚ		Jenne Si	energe	Serve
5	18. 162 1	CAUSE O	F OFATH	Carcinomic	ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ke	Current Bro	Mchagemic	One word.
	(This daes not mean the made of dying,			d	9200
	heort foilure, osthenio, etc. It meons the dise injury ar complication which caused death.)	036,			
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, gi				
2	UNDERLYING CONDITION lost.	the (C)			
3	_ II				
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		162	IN CERTIFYING C	AUSES OF DEATH?
	OP CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (o.g., home, form, foctory, stroot, o	n or obout 2 C. WHERE DI	Q (If in Boltime	ore City, give exect location)
5	DEATH (notify medical examiner)	otc.)			
3	OF INJURY (Month) (Doy) (Your) (Hour)	21 E. INJURY OCCURRED While At Not Whi		INJURY OCCUR?	
5	(APPROX)	Work At Work			
	22. I certify that (1) this hospital) attend	ed the deceased from	1116	19 G 7to	1961.
	tho (1) we) lost saw the deceased alive	on	19 6 one	that in (my) (our) o	plnion death occurred on the date
2	ond hour and fram the couses stated above	e. (1)(We) (did) (did nat)	view the body ofter deo	th.	
	23A. SIGNATURE TO CL	M.D. Att	ending Mod.	Stoff M	238, DATE SIGNED
3	23C. BAYSICIAN'S	Phy	23D. ADDRESS	Phys.	119167
	John R. Sto	ne M.D.	The John	s Hopkins D	Hospital
2	24A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR	EMATORYA 124r	D. LOCATION (	City, town, or county) (State)
	REMOVAL (Spocify)	not ca has	01	B. DA	n. ()
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250 FUNERAL DIREC	TOR OF THE YE	ADDRESS
	NOV 1 5 1967 (P.O. 65 8	tarkey MA	& Oundal	Jelses 100	Bearton be
1	VS 150-REV. 1/1/65		- Julia	1000	

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FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hosp
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) [
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to dear
more than many and more than the form of the second many many many many many and the firm of the second to the second to

VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT 67 10922 CERTIFICATE OF DEATH Registered Na. BIRTH NO M.E. CASE NO. 2 DATE AND HOUR OF DEATH (Type or Print) CATHERINE MMONEY 10:05 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE MARYLAND 21229 FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital or institution, give street address at Incation) (If outside city limits, write RURAL and give township) C CITY OR TOWN RALTIMORE LITHERAN D. STREET ADDRESS (If rutal, give location) 3412 EDMON BROWN ad 9. AGE (In last birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours 10-6-1894 FETTALE WIDOW 10A USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State of faccion country 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if ratified uno 13. FATHERA NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceded Ever in U. S. Armed Forces?
(Yes, no or mknawn) (If yes, give war at dates af service) 7. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. CHAR CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart faifure, asthenia, etc. It means the disease, injury or complication which caused death.) AURICULAR FIBRILATION ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE in Seletolis DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes at No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CE 2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If in Baltimare City, give exact location) DEATH (notify medical examine) etc.) MEDIC (Month) (Day) (Year) | Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) Work At Wark 19.6.7 22. I certify that (1) (this haspital) attended the deceased fram. 1967 to 19 67 that (1) (we) last saw the deceased alive an... and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (dtd not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending [ Med. Staff Phys. M.D. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) HOSPITAL OF MD. BALTIMORE LUTHERAN M.D. MD 21216 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) 24D. LOCATION REMOVAL (Specify) decease 258. NAME OF REGISTRAR SO FUNERAL DIRECTOR ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.  67 10923 CERTIFICATE OF DEATH  Registered No. 67 10923
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  Rebecca MAYCOCK  2. Date and hour of death  11-11-67  10 pm
PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odm  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location)  C. CITY OR TOWN (If outside city limits, write RURAL and give towardip)
Johns Hopkins Hospital  BALTIMORF  D. STREET ADDRESS (If rurol, give locotion)
1828 N. CAROLINE STREET
F Negro 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 75 Months Doys Hours 1 Vr. If Under 1 Vr. Hours 1 Vr. Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)  Alane during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?  WHAT COUNTRY?
3. FATHERS NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
15. Was Diceased Ever in U. S. Armed Forces? Yes, no Syunknown) (If yes, give wor or dates of service)  N//  ADDRESS  17. INFORMANT  ADDRESS  ADDRESS  ADDRESS
18.44 2 2 1 I CAUSE OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) RLL Pneumonia 2 days
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES  (8) Left-sided CVA 6 weeks
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) on CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
21D. TiME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While Work At Work
22. I certify that (% (this hospital) attended the deceased fram 6:30 11-11 19 67 to 10 pm 11-11-679
that (N (we) last saw the deceased alive an 11-11-67 19 and that in M(X) (our) apinian death accurred on the
and have and from the causes stated above. (A) (We) (did) (Nick Not) view the bady after death.    238. DATE SIGNED
Allending Med. Stoff Phys. 11-11-67
23C. PHYSICIAN'S  NAME (Type)  John V. Russo  M.D. Johns Hopkins Hospital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)
Benefit 11-156) Mt Cahaylet Blovkly Machaylet and April 254. DATE REC'D BY HEALTH, DEPT.  258. NAME OF REGISTRAR   255 DINERAL DIRECTOR ADDRESS-
NOVI 5 1967 A. D. B. E. Fallowill Class (O) later works no the low
VS 150-REV. 1/11/65

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## IMPORTANT FUNERAL DIRECTOR:

Registered No. ERTIFICATE OF DEATH BIRTH NO. the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased Such on the M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 10-6 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution: residence before admission) attendance B. COUNTY FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION 0 prior D. STREET give Jocation) occurred regular mad 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthday 00 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) final disposition = done during most of working life, even if retired) MOS the 13. FATHER'S NAME assistant death On 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 6. SOCIAL SECURITY NO. attendance A fracture of any who pronounced 0 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This daes not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, chief medical examiner regular examiner. injury or camplication which caused death,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the physician UNDERLYING CONDITION last. the remains medical No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body CERTIFIC 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 0 WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF body was released to the hospital ws: (1) An accident of any nature; (3 AL DEATH (notify medical examiner) MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and 1967 to 22. I certify that (4) (this haspital) attended the deceased fram 11/10 that (f) (we) last saw the deceased alive an... 19 6 7 pe hospital to death) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE M.D. Attending Phys. Director approval 0 23D. ADDRESS 23C. PHYSICIANS prior to. NAME (Type) M.D. 2 2 was D.O.A. 24A. BURIAL CREMATION, 24B. or CREMATORY eceased 24D. LOCATION REMOVAL (Specify) decease shows: HEALTH DEPT VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

write RURAL and givey tf Under 1 Yr. Manths: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH (If in Boltimore City, give exact location) and that in (my) (our) apinian death occurred an the date 23 B. DATE SIGNED

mark friend have now the dealers that the modern or Alexander a localty to

BIRTH NO. and kind; (4) Undetermined couse; (5) Deceased Such cause of death on the M.E. CASE NO. (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAN attendonce FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or instinderess, or location) 0 prior the direct or contributing or his assistant if deoth occurred disposition is mode. regular 5. SEX . M 6. RACE deceased 10A, USUAL OCCUPATION (Give kind of work 10B, K = done during mast af working life, even if retired) 13. FATHERS NAME Was the death 0 15. Was Deceased Ever in U. S. Armed Farces? (Yes.na arunknawn)|(If yes, give war ar dates of si or finol attendance shows: (1) An accident of any noture; (2) Body burns; (3) A fracture of any who pronounced Also, DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying the chief medical examiner heart failure, asthenia, etc. It means the d exominer. regulor injury or camplication which caused death ANTECEDENT CAUSES must be obtained before the remains are DISEASES OR CONDITIONS, if ony, = lo lhe above couse (A) statin the physician UNDERLYING CONDITION lost. ond (6) No physician wos medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION 0 WAS PERFORME the body was released to the hospital by 21A. ACCIDENT WAS UNDERLYING (except where OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) approved by MEDIC 21 D. TIME OF INJURY (Month) (Day) (Year) (APPROX) 22. I certify that (() (this hospital) atte death); that (1) (we) last saw the deceased aliv hospital certificate must be and havr and from the causes stoted ab 23A. SIGNATURE 0 deceased prior to written approval at a DR. BARRY J. WECKES was D.O.A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) SUPIA 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65

925 CERTIFICA	Y HEALTH DEPARTMENT	. 67 10925
CERTIFICA	ATE OF DEATH Registered	Na. Ut ICOCO
71	2. DATE AND HOUR OF DE	ATH 7
Torence	LARKINS 11/14/	6/ 4:00 AM.
D	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
tution, give street	Batt. Balt. C.	+in
norion, give sneer		write RIDRAL and give township)
marial	Bultimore	27-10
100 100	D. STREET ADDRESS, (If rural, give location	n) \( \sigma \) \( \lambda \)
tos pital	Bollon Hall Using 56	okadnor Hue
ARRIED. NEVER MARRIED DOWED. DIVORCED (specify)	B. DATE OF BIRTH 9 AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Manths Days Haurs Min.
	08/03/99 68	
IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Vira 11 19	11/90
	14. MOTHER'S MAIDEN NAME	00.
	180.01	
ones	GEYTTUG	7
1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
212-123414	Daughter	
CAUSE	OF DEATH	INTERVAL BETWEEN
	11CCVDWh	ONSET AND DEATH
(A)		unany.
, e.g., DUE TO	7 10	1
isease,	Your and I have all	1111
(B)	majurace mad	ace
DUE TO giving	1ch VD	
g the (C)	ASCIU	
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TO THE	120A ALIZODAYA (Y, M), 20B JE VEG M	VOLUME CONTRACTOR
	. 20A. AUTOPSY? (Yes or No) 20B. IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE  I FOR WHICH OPERATION  D	200 IN CERTIFYING	CAUSES OF DEATH?
TO THE  I FOR WHICH OPERATION  D  218 PLACE OF INJURY (e.g.,	no IN CERTIFYING	/ERE FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE  I FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	CAUSES OF DEATH?
218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Wh	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
I FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Wh	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
I FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Wh	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	CAUSES OF DEATH?
TO THE  I FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  1) 21E. INJURY OCCURRED  While At North At Work  Indeed the deceased from 1	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	Itimare City, give exact location)
TO THE  I FOR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  1) 21E. INJURY OCCURRED  While At North At Work  Indeed the deceased from 1	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?	Itimare City, give exact location)
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TO THE  I FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At At Work  Indeed the deceosed from the deceosed f	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ile	limare City, give exoct location)  19 6  opinian death occurred an the date
218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Who At Ward  anded the deceased from th	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ile	limare City, give exoct location)  19 6  opinian death occurred an the date
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218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  21E. INJURY OCCURRED  While At North At Work  and At Work  Not Who (did) did not)  SER  M.D. At Ph  24C. NAME of CEMETERY or CI	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ile	Dimare City, give exoct location)  19 (a) 19
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218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY (e.g., hame, factory, street, etc.)  218. PLACE OF INJURY OCCURRED  While At Man, hame, factory, street, etc.)  And Man, hame, factory, street, etc.)  And Man, hame, factory, street, etc.)  And Man, hame, factory, street, etc.)	in or about 21C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19	causes of DEATH?  Itimare City, give exact location)  19  opinian death occurred an the date  238. DATE SIGNED  (City, town, or county)  (State)

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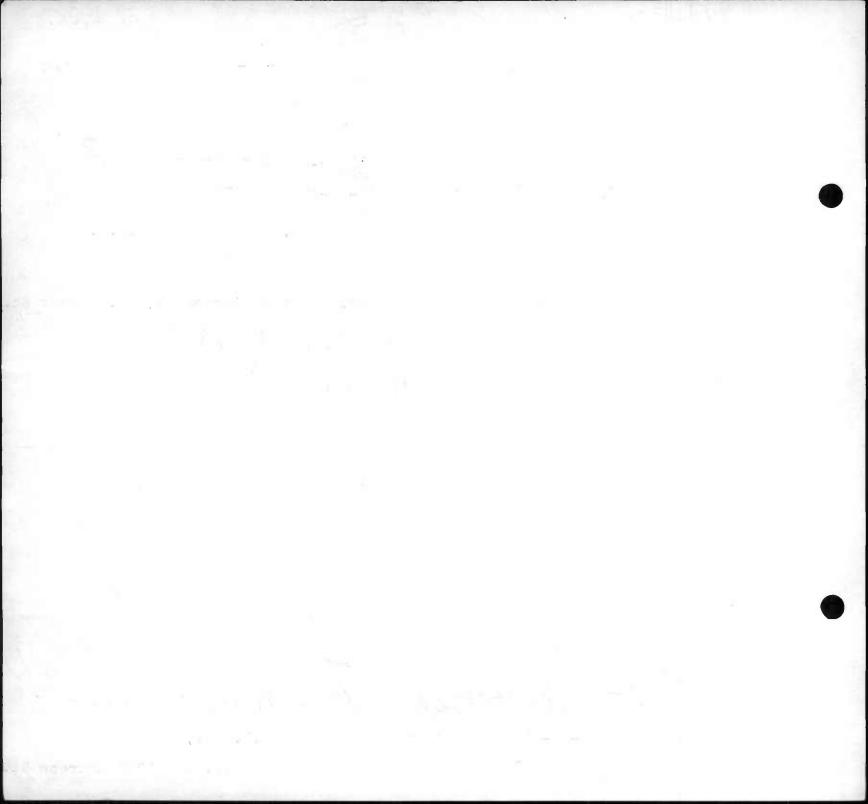
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	7-520		HEALTH DEPARTMENT		67 10000
	ыкти но. 67 10927	CERTIFICA	TE OF DEATH	Registered Na.	67 10927
	M.E. CASE NO.  1, NAME OF DECEASED	CERTIFICA		AND HOUR OF DEATH	
	(Type or Print)	HOMAS		-10-67	G Pm
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1101415		Where deceased lived. If ins	stitution: residence before admission)
	FULL NAME OF (If not in haspital or institution, give	steat	MARYLAND		
	HOSPITAL OR oddress or locotion) INSTITUTION	sireer	C. CITY OR TOWN (If	outside city limits, write R	URAL and give towaship)
			BALTIMORE		11-01
	BALTIMORE CITY HOS	PITAL		(If rural, give location)	
	91			ter Street	
		DIVORCED (specify)	8. DATE OF BIRTH 11-24-1896	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
2	F. N. WIDOW				12, CITIZEN OF
5	done during most of working life, even if retired)				WHAT COUNTRY?
	RETIRED  13. FATHER'S NAME		WHITE CO.,		U.S.A.
;	CHARLES KENNEY  15. Wos Deceosed Ever in U. S. Armed Forces?	5. SOCIAL	UNKNOW	/N	ADDRESS
į	(Yes, no or unknown) (If yes, give wor or doles of service)	SECURITY NO.		G 1 1	
	1B. # - 5 0 / 1	CAUSE O	Mrs. Helen	Covington	114 E. Center St
5	DISEASE OR CONDITION DIRECTLY	CAUSE	A Q.	0 0 -	ONSET AND DEATH
	LEADING TO DEATH	(A)	Cull My	troct in	1
	(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			***************************************
	injury or camplication which caused death.)	#	CVI	•	
5	ANTECEDENT CAUSES	DUE TO		dia dia dia stribularity dia	
	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the	(C)			
	UNDERLYING CONDITION Iasi.	(6/			
	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	10	. 1 .		
•	2 TO THE DEATH BUT NOT RELATED TO THE	res	TUI		
2	DISEASE OR CONDITION CAUSING IT.  198. CONDITION FOR WH	ICH OPERATION	20 A. AUT PSY? (Yes or		INDINGS CONSIDERED
5	19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED		0	IN CERTIFYING CAL	ISES OF DEATH?
2	OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., in farm, factory, street, of	or obout 21 C. WHERE DID	(It in Boltimore	City, give exact location)
3	DEATH (notify medical examiner) elc.)				
3	OF INJURY	IJURY OCCURRED		INJURY OCCUR?	
3	(APPROX.) White	At Work		$\Omega$	1
	22. 1 certify that (1) (this hospital) attended the		16/66	19ta	court 19
2	that (1) (ws) last saw the deceased alive an	10/16/	19 6 / and	that in (my) (aur) opin	nion death occurred on the date
	and haur and fram the causes stated have. (1) (	We) (did) (did nat) v	iew the bady after deat	h.	
	23A, SIGNATURE	M.D. Atte	nding Med.	Statt	23B. DATE SIGNED
	I red again	Phy:	s. Director	Phys.	14/1/01
	23C. PHYSICIAN'S NAME (Type)	DIAVI	23D. ADDRESS	MAG. C	1 21222
L	I TO CATE	FSO WM.D.	105	Mach,	DILL
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAM				y, town, or county) (State)
	BURIAL 11-14-67 MOUNT 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	NT CALVARY	25C. FUNERAL DIRECT	A.A. CO.,	MARYLAND
	NOV 1 5 1967 R.C. & E. Fall		MORTON & I		1701 Laurens St
- 1					

VS 150-REV. 1/1/65

st. 1701 Laurens



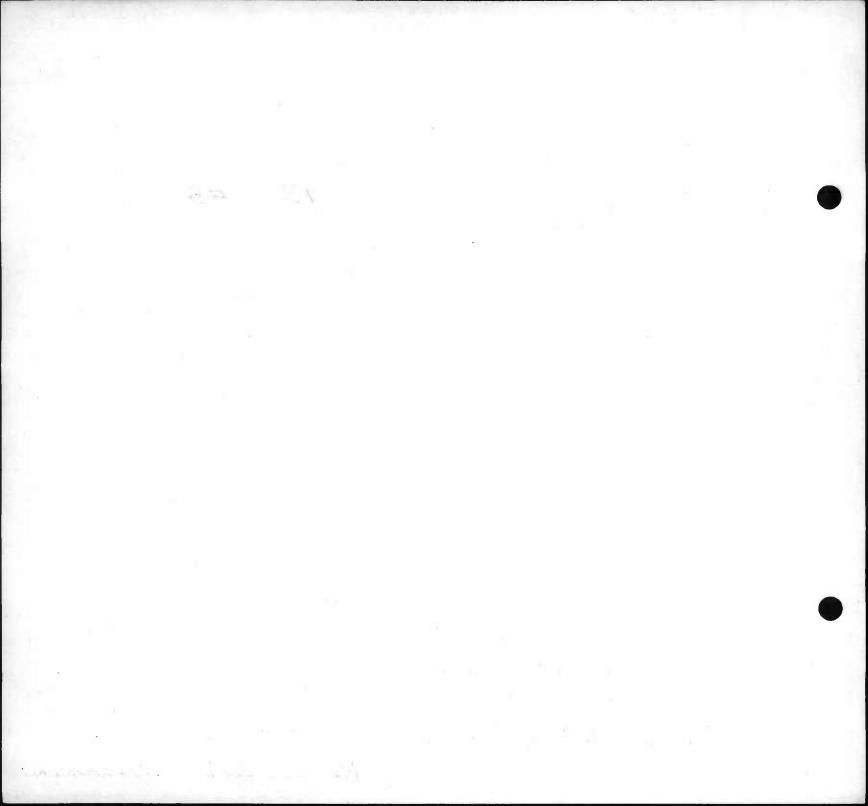
MARKING 10-7-1911 Free W. H. W. H. F. L. W. P. L Joseph Halpale Kannie & Smith he day we will be the last of the bear the bear the bearings CALL THE STATE OF BURNEL 11-15 OF ARRIVE MENTS PAIN Marchael Latte As Tay Laurence M.

F-417	BALTIMORE CITY	HEALTH DEPARTMENT		67 40000
BIRTH NO. 462 67 10	929 CERTIFICA	TE OF DEATH	Registered Na	07 10929
M.E. CASE NO.			D HOUR OF DEATH	
(Type or Print)	121 11	2. DATE AN	1/1 CO	11.201
FLUNERS	HUH W	11 -	14-6/	H-30 H.M.
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		ution: residence before admission)
FULL NAME OF (If not in hospital or institut	ien gwa stroat	Mari	land	
HOSPITAL OR oddress or location)	ion, give sheet	C. CITY OR TOWN (If out	side city limits, write RUE	AL and give township
Lutheran Hespital of	Maryland	Bal	timere	()-M2
Lutheran Hespital	, and comment	D. STREET ADDRESS (If	urol, give location)	- Conf
1/-	,	812-17-1	1 4 1	2/2:3
direction ()		12135 West	111000	ul. 21211
	RIED, NEVER MARRIED  QWED, DIVORCED (specify)		9. AGE (In years I lost birthday)	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
	Seh	5-4-1893	74	
DA. USUAL OCCUPATION (Give kind of work 10 B. KIN		11. BIRTHPLACE (State or forei	gn country)	12, CITIZEN OF
done during most of working life, even if retired)	41.	5	5 /	WHAT COUNTRY?
UNemployed	NONE	DumTer.	J. C.	U. D. 1.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
Johnnie White	2	1-12 A 11/	hiTe	
		17 112		ADDRESS
<ol> <li>Was Deceased Ever in U. S. Armed Forces?</li> <li>Yes, no or unknown) (If yes, give wor or dotes of serv</li> </ol>	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	250-42-68281	Lula MAE W	omack 2/3	35 W. NORTH
18. // 9) 0 1 1	CAUSE O			INTERVAL BETWEEN
7 X X 1				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- lin Man	L Cil	
(This does not mean the mode of dying,	e.g., DUE TO	ongo rive Heart	Failure	
heart foilure, asthenia, etc. It means the disc				Many
injury or complication which coused death.)	A .	2		1/ 1/20/
ANTECEDENT CAUSES	DUE TO			75413
DISEASES OR CONDITIONS, if ony, gi		0		150
rise to the obove couse (A) stoting		numinia.		- 10 days
UNDERLYING CONDITION lost.				
	-			
OTHER SIGNIFICANT CONDITIONS CONTRIBI				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		No	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	an an politatore C	Ste ever leggin
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not Whi			
(APPROX.)	Work At Work			
22. I certify that (1) (this haspital) attend	led the deceased fram/	1-4-	19 67 to //	- 121 - 19.6.7
that (I) (we) last sow the deceased alive	1, 1/,	- 19 67 and the	ot in (my) (our) oninie	on death accurred an the date
			or m(m), (oo,, op.m.	
and haur and fram the causes stated above	ve. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	14		2	3B, DATE SIGNED
Au m. your	M.D. Att	ending Med.	Stoff Phy s.	11-14-62
23C. PHYSICIAN'S		23D. ADDRESS / #	11 6.1	Market
NAME (Type) AATI H = T	DSHT	Luthera	n suspiral	of lungiand
111074 11.0	0011 <u>1</u> M.D.	730 Anhluston	St. Ralti	mark MD. 21211
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D-L	OCATION (City,	town, or county) (State)
	C. INMINIE OF CENTETERS OF CR			TOWN, OF COUNTY!
REMOVAL (Specify)	11.7 1		- 1.1	Md
BURIAL 11-18-67	MT. Aubu	en B	9/100	Md.
BURIAL 11-18-67	11.7 1		9/109	Md. ADDRESS
BURIAL 11-18-67	MT. Aubu	en B	9 Hoy	Md.

Mars . D 7-28-41 constant Md. Prydeck Balter, Md. Louis al Lille Deur The second of Berkley Sunge HEIL Folksmith man a committee and a committee of the committee of the with of this of the contract of the contract of Lorder S. Spatiantical III Furnal Holler MT Haban Ballon

Monten all of 1201 bourses

BIRT	1-536 TH NO. 67 10931 CERTIFICA	ATE OF DEATH Registered No.
1. N.	JAME OF DECEASED	DERFORD 2. DATE AND HOUR OF DEATH  NOV 13 1967 2 45 PM
	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B. COUNTY  Manyland
H	FULL NAME OF (If not in hospital or institution, give street hospital or institution)  RON SECOURS HOSP	C. CITY OR TOWN (If outside city limits, write RURAL and air township)  BATTMORE
5. S	SEX_ 6. RACE 17. MARRIED, NEVER MARRIED	D. STREET ADDRESS (If rurol, give location)  209 W. LEXINGTON ST.  B. DATE OF BIRTH 19. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
F	SEX 6. RACE 7. WARRIED NEVER MARRIED WIDOWED DIVORCED (specify)  A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11-1-12 lost birthdoy 5 Months Days Hours Min,
done	DOWESTIC WORK  FATHER'S NAME	VI BANA, GEORGIA WHAT COUNTRY? US A
	WM. WIGGINS	MAGGE LEONARD
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	HOS PITAZ CHART
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH  ONSET AND DEATH  Letastatie Carcingons MONTHS
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Ad Breast YRS.
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	
ATION	II	None
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
5	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED White At Not Work At Work	
	22. I certify that (I) (this hospital) ettended the deceased from that (I) (ve) lost sow the deceased olive on	2 19 6 7 and that i (my) (swr) apinian death accurred on the date
	23A. SIGNATURE CLEAN A.D. A.P.	ttending Med. Director Phys. 23B. DATE SIGNED
	23 CPHYSICIANS NAME (Type) WILLIAM R. LAW M.D	MDe
8	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI PREMOVAL (Specify) 11-17-67 ARBUTU.	S BAHO. Md.
	NOV 15 1967 P. L. S. Halley M. 150-REV. 1/1/65	MORTON + DGET 1701 LAURENS



VS 150-REV. 1/1/65

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approval

BALTIMORE CITY HEALTH DEPARTMENT 67 10933 Registered No. BIRTH NO. CERTIFICATE OF DEATH of death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) BEATRICE D. WADDELL E O November 13, 1967 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased tived, II institution: residence ance deat (4) Undetermined cause; (5) Baltimore cause FULL NAME OF (If not in hospital or institution, give street Maryland HOSPITAL OR oddress or location) CITY OR TOWN (If outside city limits, write RURAL and give attend 0 **INSTITUTION** prior Long GREEN Nursing Home DI STREET ADDRESS contributing regular mad 5. SEX . MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specily) lost birthday) Female Cau. Widowed June 18, 1888 79 Years 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition = done during most all warking lile, even if retired) Maryland OS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles DeWitt Ruth March eath Lo 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 160-22-8708 pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, 0 injury or complication which coused deoth.) regul ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) sloting the UNDERLYING CONDITION last. the remains Was 11 CERTIFICATION

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. 1007 Cowpens Ave. Towson. Mrs. Dickens W. Warfield. 总总统共和共 INTERVAL BETWEEN ONSET AND DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this priol) attended the deceased from that (1) (are) last sow the deceased alive on od above. (1) (We) (did) (did nor) view the body ofter death. 234. SIGNATURE 23 R. DATE SIGNED Attending Phys. M.D. Med. Stoff Director

and that in (my) (ear) apinion death occurred an the date

23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 5006 M.D.

24C, NAME of CEMETERY OF CREMATORY

REMOVAL (Specify) Nov. 14,67 Green Mount Green Mount Crematory | DG Cremation

Baltimore, Maryland

Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland

VS 150-REV. 1/1/65

24A. BURIAL CREMATION,

Balt.,

## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

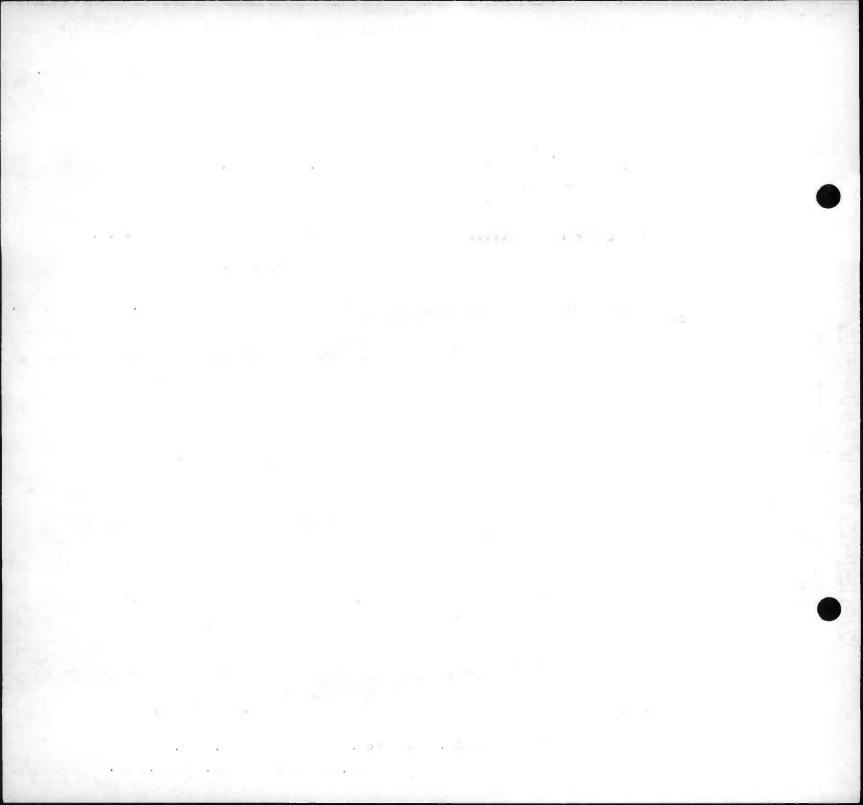
	05 10001	BALTIMORE CITY	HEALTH DEPARTMENT	(	7 40024
BIRTH NO.	67 10934	CERTIFICA	TE OF DEATH	Registered No.	10004
M.E. CASE 1. NAME O	F DECEASED	1 11 1	2. DATE AND	HOUR OF DEATH	
	F DEATH IN BALTIMORE MAR	L. Hebler	I	13-1967	M.
3. PLACE C	OF DEATH IN BALLIMORE, MAR	TEAND	A. STATE B. COUNTY	seceosed livad. If inslitu	ution: residanca barore odmissian)
FULL NA	L OR oddrass or lacation)	i institution, give street	C. CITY OR TOWN (If outside	a city limits write PLIP	Al and give township)
INSTITUT			Balta	o ony mino, wine non	AL OIG SIVE IDWINSTIP
3	7 Mercy H	ospital		al, give location)	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	301 McMche		F Under 1 Yr If Under 24 Hrs.
5. SEX	Cau	WIDOWED, DIVORCED (specify)		t birthday)	f Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
10A. USUAL	OCCUPATION (Give kind of work	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 1	2. CITIZEN OF
done during	most of working lite, even if retired)  UP IUS DECTOR	U.S. Goult	Campon	N.T.	WHAT COUNTRY?
done during to		Cror Cor	14. MOTHER'S MAIDEN NAME	7413	00.77
2	Unknown		Unknows	1	
15. Was De	ceasad Ever in U.S. Armed Farc	of sarvica) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	11 151	3 Park Grove Re
(Yes, no or un	SWWI	213-32-7896	Ferdinandt	Kelly	alto Md 21228
5   IB.	81,041000	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRI LEADING TO DEATH		morrhage (	7	about 4 mos
	does not meen the mode of oiture, osthenio, etc. It meens		8		
injury .	or complication which coused		addor Carri	nnma	
0    0	ANTECEDENT CAUSES	DUE TO	ranstonal Ce	2/1)	
lise I	SES OR CONDITIONS, if o to the obove couse (A)				· · · · · · · · · · · · · · · · · · ·
UNDER	RLYING CONDITION Iosi.				
Z OTHER	SIGNIFICANT CONDITIONS CO		ive Heart Failu		Undetermined
TO T DISEA	HE DEATH BUT NOT RELATED OF CONDITION CAUSING IT	. LUL Pa	thology (TBC?	)	Discovered on admission
	O / WAS PERF		20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINI IN CERTIFYING CAUSE	S OF DEATH?
0 21A. A.	CCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Soltimore Ci	ty, give exact location)
21A. AC OR COI	NTRIBUTING CAUSE OF (notify medical examiner)	hame, farm, factory, street, a	mice blag., INJURT OCCUR:		
		(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
OF INJ	X.)	While At At Work	° 🔲		
		attended the deceased from 10			13 1967.
that (1)	(we) last saw the deceased	d olive on 11-13,	19 4:7 and that	in(my) ( <u>aur)</u> opinia	n death accurred on the date
ond ha	or and from the causes state	ed obave. (1) (We) (did) (did nat) v	riew the body after death.	102	B, DATE SIGNED
	estima AD	Quetield, M.D. AM	ending Med. Sto	off D	11-13-17
	YSICIAN'S	Phy	s. Director Ph	ys.	11-15-67
E NA	AME (Type)	M.D.			
24A. BURIA	L CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	ATION (City,	town, or county) (Stata)
Ba	rial 11-17-19	67 Balto, NatiL	Cem. Ba	ilto, Md.	
25A. DATE	NOV 15 1967	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR WM COOK-BLOOK	STUC 1217	St. Paul St.
}	11001 - 0 1001	MOUN - , Manhors, and	ALL TOOK - PLOOK	3	0140 Md 21000

VS 150-REV. 1/1/65

The special set the first and the first and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

C 425	BALTIMORE CITY	HEALTH DEPARTMENT		054 10005		
BIRTH NO. 67 10935 CERTIFICATE OF DEATH Registered No. 67 10935						
N.E. CASE NO.  1. NAME OF DECEASED			D HOUR OF DEATH			
(Type or Print) Maurice Callian	n	11/	13/67	8:00 A. M.		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		stitution: residence before admission)		
FULL NAME OF (If nat in haspitot or institution, given HOSPITAL OR oddress or location)	e street	Maryland c. CITY OR TOWN (If gut	side city limits, write I	26-07 RURAL ond give tawnship)		
1 Baltimore City Hos	spitals	Baltimore				
4940 Eastern Ave. /	d # 21224	344 S. Oldham	ural, give lacation)			
5. SEX 6. RACE 7. MARRIED, N	EVER MARRIED DIVORCED (specify)		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Haurs Min.		
Male White me	o'al	12/31/99	67			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?		
Circular Deliverer xxxxx	x	Maryland		U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE			
Thomas Calligan		Laura Dins	more			
15. Was Deceased Ever in U. S. Armed Farces?   (Yes, no ar unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS # 21224		
	15-30-6767	BCH: Records 49	40 Eastern	Ave. Baltimore, Md.		
18.Yes 0 8. / I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		9				
(This does not mean the mode of dying, e.g.,	(A)	Letterent	and o	sex mo		
heart foilure, asthenia, etc. It means the disease,						
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if ony, giving	ANTECEDENT CAUSES (B)					
rise to the obove couse (A) stating the UNDERLYING CONDITION last.	(C)					
ONDERETING CONDITION IGST.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	ICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE I	HNDINGS CONSIDERED		
U 21A. ACCIDENT WAS UNDERLYING 21B. PI	ACE OF INJURY (e.g., i)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
OR CONTRIBUTING CAUSE OF hame,	form, factory, street, at	fice bldg., INJURY OCCUR?		,,		
□ OF INJURY	NJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?			
(APPROX.) Work	At Work					
22. I certify that (I) (this hospital) ottended the	deceased from	10/28 1	961 10 //	/113 1967.		
that (I) (we) lost saw the deceased alive on				nion deoth accurred on the date		
ond hour ond from the couses stated above. (I) (We) (did) (did not) view the body ofter death.  23A. SIGNATURE  23B. DATE SIGNED						
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS Baltimore City Hospitals						
M. A. Sullivan	M.D.	4940 Eastern Av	e. Baltimore	e, Maryland # 21224		
24A. BURIAL CREMATION, 24B. DATE 24C. NAN	NE of CEMETERY OF CRE			ty, town, or county) (Stote)		
	alto. Nat'l	Cem. B	alto., Md.			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		o Md		
NOV 1 5 1967 Rent 8	, starber MA	Wm. Cook-Brook	.s, Inc. Dalt	O., FR.		



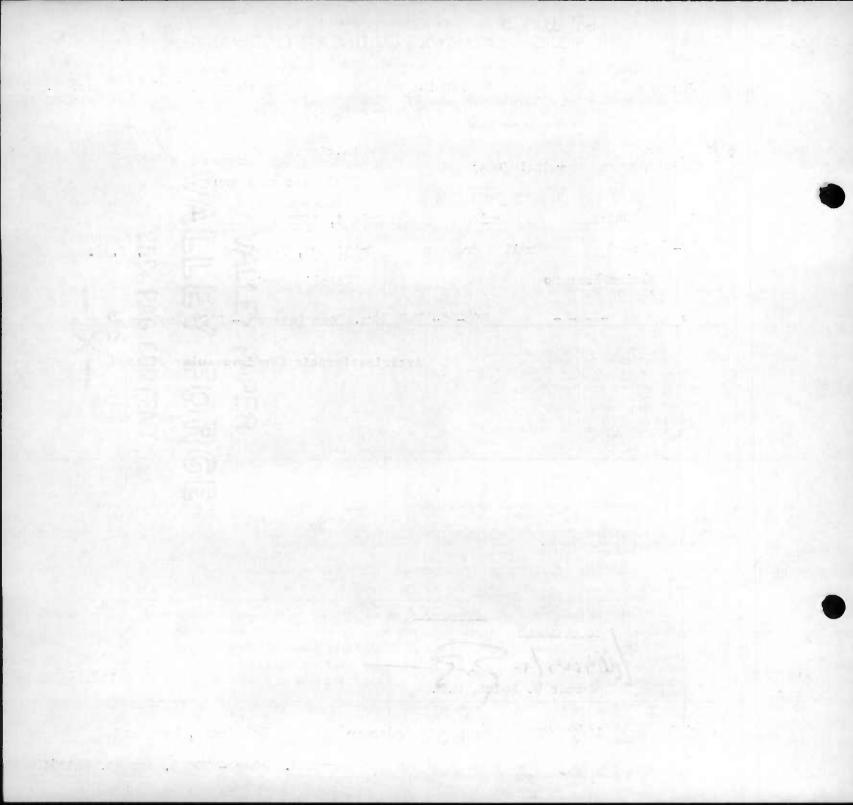
BIRTH NO. 67 10936 CERTIFIC	CATE OF DEATH Registered No. 67 109	936			
M.E. CASE NO.  1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
(Type or Print) FRANK FRITZ	12 Nov 1967	4 12 P			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND  SOUTH FULL NAME OF HOSPITAL OR INSTITUTION  1. PLACE OF DEATH IN BALTIMORE, MARYLAND  ALTIMORE GEN HOSPITAL  (If not in hospital or institution, give street oddress or location)	MARY LAND - 21	C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
43	D. STREET ADDRESS (If rurol, give locotion)				
	797 CARROLL ST				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	28 JUNE 1893 lost birthday) Months Doys	If Under 24 H Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS done during most of working life, even if retired)	WHAT COL	UNTRY?			
GLASS BLOWER GLASS MFG.	MARYLAND U.SA.				
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
CHARLES Fritz	Delia Snyder				
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL     16	17. INFORMANT ADDRI				
YES WALL WAR I 138-67-307	( IBROTHER) CHARLES FRITZ 797 CAK	ROLL YT			
	E OF DEATH INTERV	AL BETWEEN			
DISEASE OR CONDITION DIRECTLY		AND DEATH			
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	ypertersive asterioseleste Cardinesula Pagas				
heart failure, asthenia, etc. It means the disease,	gr				
injury or complication which coused death.)  ANTECEDENT CAUSES (B)					
DUE TO		0.01001000111101111111111			
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.		00000000000000000000000000000000000000			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CHARLES OR CONDITION CAUSING IT.	rchitis Porphysemon				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSYN (Yes of No.) 20B. IF YES, WERE FINDINGS CONSI	DERED			
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e., home, form, foctory, street, etc.)	g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact, office bldg., INJURY OCCUR?	location)			
21D. TIME (Month) (Doy) (Yeoi) (Houi) 21E. INJURY OCCURRED OF INJURY While At No. 19	21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.)  While At   Not V Work At W	While				
22. I certify that (I) (this hospital) ottended the deceased fram		/3			
that () (we) last sow the deceased alive on 12 Nov		19_6+			
	19 67 and that in (our) opinion deoth occu	urred an the de			
ond haur and from the couses stated above. () (We) (did) (did not		r D			
M.D.	Attending Med. Stoff Phys. 23B. DATE SIGNI				
23 C. PHYSICIAN'S	Phys. Director Phys. A / 2 17 0	, v & +			
NAME (Type) (RA L. FETTERHOFF M.	0 3 1-11				
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of		y) (Stote)			
	ntional Paltimone Md				
Burial 11/16/67 Baltimore Na	ational Baltimore, Md.	DRESS			
NOV 15 1961 Relient E. Jackey MA	Wm. Cook-Brooks Inc. Baltimore, M	d. 21202			
/\$ 150-REV. 1/1/65					

		BALTIM	ORE CITY HEALTH D	EPARTMENT		ON AGORN
BIRTH NO. 67	10937	CERT	IFICATE OF	DEATH R	egistered No	6/ 1093/
I, NAME OF DECEA	SED /	n ,	1	2. DATE AND HE	DUR OF DEATH	25
(Type or Print)	Lodes,	Margar	01	11/12	167	1900
3. PLACE OF DEATH	IN BALTIMORE, MAR	YLAND	4. USUAL A. STATE	RESIDENCE Where deg	eased lived. If institut	tion; residence before admissio
FULL NAME OF	(If not in bospital a	r institution, give street	An.	/		
HOSPITAL OR	oddress or location)	r mamonon, give sireer		TOWN (If outside	city limits, write RURA	L and give township)
111	M	-1-11	71 R	Mainent.		12-02
4660	n / lemo	riol Hosp	Ila ( D. STREET		give location)	-101-000
1			303		wood &	lace
5. SEX 6.	RACE	MARRIED, NEVER MARRIE		BIRTH 9. AC	F /1 16	Under 1 Yr. If Under 24 Hr onths; Doys Hours Min.
	U		188	5	8-13	
done during most of wor		OB. KIND OF BUSINESS OR	NOUSTRY 11. BIRTHPL	A CE (State or foreign co	untry) 12	CITIZEN OF
(1)	ort	-	R	1d-		U5A
13. FATHER'S NAME		,	14. MOTHE	S MAIDEN NAME		
M	///		9	9 //-	10	
15. Was Deceased Ev	er in U. S. Armed Force	es? 16. SOCIAL	17. INFORM	ANT	Mam	ADDRESS
(Yes, no or unknown) (If	yes, give wor or dotes	of service) SECURITY	ıd.		222	21218
		218-10-9	7004 W	illiam C+	cup 504	6 E. Eggets
1B. / 5 3	31		AUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRE	CTLY	n A	. 1 4	<u>_'</u>	ONSE! AND DEATH
	meon the mode of	dving as (A)	Acuse	pertoule	2	
hearl failure, as	lhenio, elc. 11 meons I	he diseose,	Carcinina	of signe	ord colon	
	cotion which coused o	deolh.)	To head	muteen		
	TECEDENT CAUSES	DU	E TO	y recourt w		**************************************
	obove couse (A)				161	,
	CONDITION lost.	sioning me (C)			WAL	4
	-11					
	ANT CONDITIONS CO					
DISEASE OR CO	TH BUT NOT RELAT					
19A DATE OF O	PERATION 19B. COND	THON FOR WHICH OPERATI	ON 20A. AUT	OPSY (Yes or No) 20B	IF YES, WERE FIND	INGS CONSIDERED
19A. DATE OF O						
_ OR CONTRIBUTION	WAS UNDERLYING D	home, form, foctory,	JRY (e.g., in or about 210 street, office bldg., 1NJ	URY OCCUR?	(If in Boltimore City	y, give exact location)
DEATH (notify me	edicol examiner)	etc.)				
21D. TIME	Nonth) (Day) (Year)	(Hour) 21E. INJURY OCCU	RRED 21F	HOW DID INJURY	OCCUR?	
(APPROX)		While At Work	Not While At Work			
22 1	ne (1) /ehie hanstell		X	1	7	1. 1.
		ottended the deceosed for	1 11/10-	196		11/57
	st sow the deceased	0 1 1	. /		my) (our) opinion	death occurred on the do
	om the couses state	d oboye (1) (We) (did) (d	id not) view the bod	ly ofter deoth.		
23A. SIGNATURE	1 //					DATE SIGNED
	1 /Lest	into	A.D. Attending Phys.	Med. Stoff Phys.	1	1/12/6%
23 C. PHYNCIAN'S	400		23D. ADDRES			1 -
			M.D. //	· 1/7	. /	11 //
HA FA	TION, 24B. DATE	24C. NAME of CEMETE	RY or CREMATORY	24D. LOCAT	ON (City, to	wn, or county) (Stote)
REMOVAL (Spec	sify)	- 11 0	1 10	TO COCAL	1 10119, 10	wn, or county) (Stote)
Burial	11-15-194	7 New Catt	redral C	em. Bal	to, Md.	
25A. DATE REC'D BY	1 5 1967 12	SB. NAME OF REGISTRAR	25C, FUN		/	1217 St. Paul St
1101	- 0 1001 UL	and a rangely	Wm.	Cook-Bro	ocks, Inc	Balta MA
VS 150-REV. 1/1/65		and the second second			1	

War Memorial Haspirt Dictioner Je3 Bildoward Place 8 188 2 15 5 ZIE-10 9004 Statement Length Statement Fred per houts w.K. Will 6 6 6 1 1 1 1 0 0 Mais Menowish Hosp tot

67 10938 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 10938

M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOUNC				
JEROME		November 13, 19	8:35 P. _{M.}				
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESID A. STATE Maryla	ENCE (Where deceased lived. If instantion B. COL	titutian: residence before admissian) UNTY			
FULL NAME OF HOSPITAL OR ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOV	WN (If autside carparate limits, write	e RURAL and give township			
5	1. 1 (201)	Baltin	NOTE RESS (If rural, give lacation)	1-0/			
Church home and Hosp	ital (DOA)		Castern Avenue				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRT	lost birthday!	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.			
Male White  10A. USUAL OCCUPATION (Give kind of wor	Married k 108. KIND OF BUSINESS OR INDUSTR	July 1 1	(State or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?			
dane during mast at warking life, even if retired) Self-Employed 13. FATHER'S NAME	Fruit & Produce	Baltimor	e Maryland	U. S. A.			
Blaise Lonegro	o		ie Serio				
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SO CIAL	17. INFORMANT		ADDRESS			
No	213-01-3302	Mrs. Rose	Lonegro - 2227 Ea	stern Avenue			
1B	CAUSI	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DI	RECTLY						
LEADING TO DEATH		riosclerot	ic Cardiovascular	Disease			
heart failure, asthenia, etc. It means injury ar complication which caused	s the disease.						
ANTECEDENT CAUSE	ANTECEDENT CAUSES						
•	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.							
	(C)						
2							
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TO A DATE OF OPERATION 1798, CON WAS PER	LATED TO THE			**************************************			
19A. DATE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION		? (Yes at Na) 20B. IF YES, WERE FI				
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar obaut 21C. V	WHERE DID (If in Baltimore City, a	ive exoct location)			
21D TIME (Manth) (Day) (Yea			OW DID INJURY OCCUR?				
(APPROX.)	m. WHILE AT NOT	WHILE VORK					
22, I certify that I held an	Inquiry Inspection X Au	ntopsy on	d that on this bosis, deoth in r	my opinion			
resulted from: Notural co	uses X Accident Suicio	de Homici	ide Undetermined monn	er .			
ACTUAL MORNE	150		EDICAL EXAMINER	DATE SIGNED			
EXAMINER Werner	U. Spitz, M.D.		MEDICAL EXAMINER	11/14/67			
23A, BURIAL CREMATION, 23B, DATE	23C. NAME of CEMETERY	or CREMATORY	23D. LOCATION (City	r, town, ar county) (State)			
REMOVAL (Specify) Burial 11/17/6	Most Holy Red	leemer	Baltimore, M	aryland			
24A. DATE REC'D BY HEALTH DEPT.		24C. FUNER	AL DIRECTOR	ADDKE22			
NOV 1 5 1967	P. C. B. E. Fallenna	Georg	e A. Weber - 705 S	• Ann St. #21231			
VC 161-DEV 1/1/46	THE RESERVE OF THE PERSON OF T						



	J-525-		HEALTH DEPARTMENT		02 10000
-11	BIRTH NO.  M.E. CASE NO.  67 10	939 CERTIFICAT	TE OF DEATH	Registered No	67 10939
	1. NAME OF DECEASED	phnson	MOH-//	HOUR OF DEATH	ilulion; residence before odmission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	A. STATE B. COUN  Patimore	. 1	2404
	South Baltimore Ger	eral	703-E	FOP 7	Ave 2/230
	43			cets = >	= # 30
		POWER (specify)	7/19/1890	27	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	done during most of working life, even if relired)  Rot BONK GOARD  13. FATHERS NAME	ONK	Marylan  4. MOTHERS MAIDEN NA	J,	WHAT COUNTRY?
	Winfield Johnso			tafford	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	7. INFORMANT		Son 1148 Sargemen
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	u te Myscar	PRAMT ST. 2	NTERVAL BETWEEN
	(This does not meen the made of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)	e.g., DUE TO		,	seese 210 years
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives a the obave couse (A) stoling UNDERLYING CONDITION lost.	DUE TO		o va sca av Prs	Tesse Zioyears
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING PMilde	le Lobe Pre	umonia	11/67
	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)		(If in Boltimore	City, give exoct locotion)
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Work  Not While At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	ed the deceosed from 14			3 1967, on death occurred on the date
	ond hour ond from the couses stated abov	e. (I) (We) (did) (dld not) vi	ew the body after death.		23 B. DATE SIGNED
	C. Carter  23C. PHYSICIAN'S NAME (Type) C. CARTER	M.D. Atten	Director	Stoff Phys.	11/13/67
	C. Tolli	K M.D.	,	BTST	21230
	BURIBL NOVIT-196	TOPPER 1214	r (64 1)	ROOMEN CO	
	NOV 15 1967 P. D. AT 8	TALBUMA C	LENG EN	> 1400SIC	VANS ADDRESS 2/230
1 6	VS 150-REV. 1/1/65				

EL 0521/3/16 450 propriote Winteld John son Mussa Stafford - How John Johnson William Then to styre which I hasher " Marin who continued also in the Bet With hibe Freezensens 02/02/03/07/11 147 1773 C Carte 1 1/13/12

VS 151-REV. 1/1/65

Enlysen application of the land of the lan

Lawrence R. Welting

THE RELEASE TO SERVICE

IO/566 25/1932

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Language of Burn ing , burning

IMPORTAN

FUNERAL DIRECTOR:

MOST THE CHANGES GED INSPIRED BALLINGIES

3 nr Lumping Sasi

MARINED 7-18-95 72

BALTINIO ICE USA Stal Mass May

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MNINE FLEIGH ISHAC GLEENE

2.10-03-2093 Hallow Harris 110 Co. 100 Co.

CHEPIAL FAILURE 2.

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CEREBIOUSSELLAR ACCIDENT

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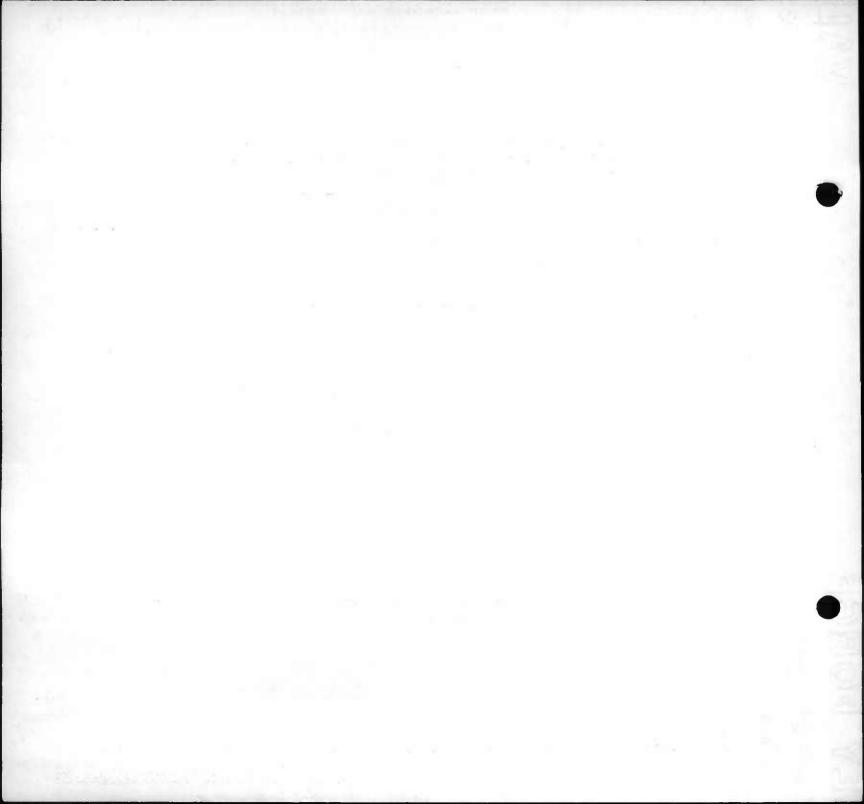
and the bushest of the latest the

B-250		BALTIMORE	CITY HEALTH DEPARTA	MENT	01 100 10
BIRTH NO.	E7 4	0943 CERTIFIC	CATE OF DEA	TH Registered No	67 10943
M.E. CASE NO.		0343 CENTIL			
Type or Print)	, C.,	6. 1.	2.	DATE AND HOUR OF DEATH	
		ckingham	Us usual property	1-13-67	
PLACE OF DEATH IN	BALTIMORE, MARTLAN	ND .	A. STATE	B. COUNTY	institution; residence before admission
	(If not in hospital or insoddress or location)	titution, give street		rylend (If outside city limits, write	parte co.
INSTITUTION			4 1		RUKAL ond give township)
21	,		D. STREET ADDRES	more  (If rurol, give location)	22-00
35 Chur	ch Home +	Hosp.	2010	Paulete St. I	Rd.
SEX 6. RAC		ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
F	W	Widowed (specify	8/2//	89 lost birthdoys	Months Days Hours Min.
DA. USUAL OCCUPATIO		KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Houseur	A A		Tue	7	11 CA
FATHER'S NAME			14. MOTHER'S MAI	DEN NAME	013
mutth	en la	iley			y 0'Donugh
. Was Deceased Ever in	U. S. Armed Forces?	1 6 SOCIAL	17. INFORMANT		ADDRESS
res, no or unknown) (If yes	, give wor or doles of s	service) SECURITY NO. 120-01-937	OA Mariome B	. Wilson, 2010	Paulatta Rd
No		A B		• WIII9011, 2010	
18.2 6 0 X	712 909	- / >- E	SE OF DEATH		ONSET AND DEATH
	CONDITION DIRECTL NG TO DEATH	g, e.g. DUE TO	4	1. 17 70 - 0	
	in the mode of dyin	(A) (A)	lucraty	mellitu	well
heart failure, astheni	ia, etc. II means the o	g, e.g. DUE TO			
injury ar camplication	n which caused deall	h.) & 1	2. 0.0.	mollety	
ANTEC	EDENT CAUSES	B DUE TO	Labelle		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DISEASES OR CO	NDITIONS, if any,	1.1			
	ve cause (A) stati	ing the H (C)			
UNDERLYING CON	DITION last.	15 45			
	11	2 00	re, subtr	al Iteria (	
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDI	CONDITIONS CONTE	TO THE TOTAL CLU	re, runci	b -	
	TION CAUSING IT.	× 1		ly	0
19A. DATE OF OPERA	TION 198 CONDITIO	N FORWHICH OFERATION	20 A. AUTOPSY?	Yes or No. 208. IF YES, WIERI	FINDINGS CONSIDERED AUSES OF DEATH?
1.1					
21A. ACCIDENT WA	CAUSE OF	21 B. PLACE OF INJURY (	e.g., in or obout 21 C. WHER et, office bldg., INJURY O	RE DID (If in Baltimo	ore City, give exoct locotion)
DEATH (notify medica		etc.)	or omes sings, musiki si	000 K.	
21 D. TIME (Month	n) (Doy) (Year) (Ho	our) 21 E. INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
OF INJURY			While	DID INJUNI OCCUR.	
(APPROX.)			Work	•	
22. I certify that (	) (this hospital) atte	ended the deceased from	10-26	1967 ta	11-13 19 67
that (1) (we) last s	aw the deceased ali	19-13	1967		pinion death occurred an the da
					ornion deorn occurred an the da
	the causes stated a	bove. (1) (We) (did) (did n	at) view the bady after	r death.	
23A. SIGNATURE	11. 12	1.			23B, DATE SIGNED
Low	elles Th.	Mm M.D.	Attending Med. Phys. Direct	Stoff Phys.	11-13-67
23C. PHYSICIAN'S		1	23 D. ADDRESS		
NAME (Type)	Rodelin	M. LIM	M.D. 0	HH	
4A. BURIAL CREMATION	N, 248. DATE	24C. NAME of CEMETERY o		24D. LOCATION (	City, town, or county) (State)
REMOVAL (Specify)					
Burial	11-16-67	Meadowridge		Dorsey, Md.	
SA. DATE REC'D BY HE	1067 A	NAME OF REGISTRAR	25C. FUNERAL E		ADDRESS
MOATO	1301 Ulakert	D. C. Managinal	Leonard	o. nuck, inc.,	5305 Harford Rd.
'S 150-REV. 1/1/65	V 820	. 0	1 1 0	. [3	

marine " marine P[†] helimire : Theresh Home - Hosp 2010 Parlete 8 ... 77 19/11/8 78 Western Million . Million . 10 on and a street of the Lastine whenthe the 14-13 10-21 Celler to your Rodelie M. LIM 

50-27-01

L	W-6:	50	1000		HEALTH DEPARTMENT		07 100
BIRT	H NO.	67	1094	CERTIFICA	TE OF DEATH	Registered Na	67 10944
1, N	AME OF DEC	CEASED	_			ND HOUR OF DEATH	
(Тур	e or Print)	ANNIE	WARI	REN	11/	12/67	3 A M
	ULL NAME O	OF (If not in hospital		give sheet	A. STATE  MARYLAND	ere deceased lived. If in: NTY	stitution; residence before odmission)
	OSPITAL OR	BALTIMORE C	TTY HOS	PITALS	BALT IMORE	itside city limits, write R	RURAL and give township)
	31	4940 EASTER BALT IMORE 2				ST. STREET	21218
5, S	EMALE	6. RACE NEGRO	WIDOWED	NEVER MARRIED DO DIVORCED (specify)	8. DATE OF BIRTH 10-18-96	9. AGE (In yeors	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
		working life, even if retired)		home	11. BIRTHPLACE (Stote of fore VIRGINIA	ign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NA	SIDNEY Redo		NUME.	14. MOTHER'S MAIDEN NA JUDY	ME	
5. Yes	Wos Deceased , no or unknown	Ever in U. S. Armed For	ces? s of service)	16. SOCIAL SECURITY NO. 22122-2157	17. INFORMANT RECORDS: BCH 4	940 EASTERN	ADDRESS AVENUE BALTIMORE
_	18.			CAUSE OF		7,40	MARYLAND 21224
	101	SE OR CONDITION DIE LEADING TO DEATH	RECTLY		DEATH		ONSET AND DEATH
	heart failure,	nol mean the mode af asthenio, etc. It meons apticatian which caused	the discose,	DUE TO			
		ANTECEDENT CAUSES		DUE TO			**************************************
	rise lo Ih	OR CONDITIONS, if e abave couse (A) G CONDITION lost.		(C) Br	liary Car	cenoma	7
NOIL	TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	G E			4 - 11
ERTIFICA		F OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	NO	O) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examinei	21B hom etc.	ne, form, foctory, street, of	i oi obout 21 C. WHERE DID ince bldg., INJURY OCCUR?	(If in Soltimore	: City, give exoct locotion)
MEDIO	21D. TIME OF INJURY (APPROX.)	(Month) IDoy) (Year)		INJURY OCCURRED  ile At Not While tk At Work	21F. HOW DID IN.	JURY OCCUR?	
	22. I certify	that (1)(this haspital	) ottended t	he deceosed from	11-10	19 67 10 I	1-12 19 67
	that (I) (we)	lost saw the decease	d alive an	~	19.6 ond tl	hot in (my) (aur) opi	nian death accurred an the dote
			ted above	(We) (did) (did nat) v	iew the body after death.		
	23A, SIGNATI	) (°	mc.	A Ante	nding Med.	Stoff [	23B, DATE SIGNED
	23C. PHYSICIA	avid E.	111-6	Dear Phy	S. Director	Phy s.	11/12/6/
	NAME ()	AVID E. McBE		M.D.	BALTIMORE CITY	BALTIMORE :	4940 EASTERN AVE.
24A	REMOVAL	Specify) 248. DATE	24C. N.	AME of CEMETERY OF CRE	MATORY 24D. I	LOCATION (Ci	ty, town, or county) (State)
25A	PEMON.	9 / //-/5-6 BY HEALTH DEPT.		OF REGISTRAR		eenbay, )	INCINIA ADDRESS
	NOV	15 1967 R.C	Seels E.	Farber 14	Kandolak J.	collick 243	16 Oliver St.
VS	1SO-REV. 1/1/	65					



(	1-455	BALTIMORE CITY	HEALTH DEPARTMENT		67 10945			
1	rh NO. 67	10945 CERTIFICA	TE OF DEATH	Registered No.	07 10040			
1.N	AME OF DECEASED  OF OF Print)  REGINA			ND HOUR OF DEATH	1 9:15-P M			
3. I	PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Whe		stitution: residence before admission)			
1	FULL NAME OF (If not in hospital or oddress or location) NSTITUTION	institution, give streel	MARMLAND		RURAL and give township)			
	THE JOHNS HOBI	KINS HOSPITAL	BALTIMORE D. STREET ADDRESS (IF	rurol, give locotion)	10-02			
	33		923 SOMERSE	T STREET	21202			
5. 5	ALE NEGRO	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MARRIED	8. DATE OF BIRTH  5-8-46	9. AGE (In years lost birthdoy) 21	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.			
	. USUAL OCCUPATION (Give kind of work 10 eduring most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?			
13.	PATHERS NAME	Clubs	BaltiMore	ME Md.	21,5,13.			
	BENJAMINE CAMPBEI	1	HELEN CO	LEMAN				
15. (Ye:	Was Deceased Ever in U. S. Armed Forces s, no or unknown) (If yes, give wor or dates of	? 1 6. SOCIAL	17. INFORMANT	LETAN	ADDRESS			
	NO		Helen Holm	9N2331 F.	hase.St			
	DISEASE OR CONDITION DIRECT	F DEATH		INTERVAL BETWEEN ONSET AND DEATH				
	LEADING TO DEATH	(A)	ran King Six	eris	Sday			
	(This daes not mean the made of dy heart failure, asthenia, etc. It means th injury ar camplication which caused de	ving, e.g., DUE TO e disease,	le to this		4 days			
	ANTECEDENT CAUSES	(B)	Jan My	TT 0 000 0 0 TT				
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C) Slewy leak at the state to the condition last.							
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING OLEVONIE	Ueshiti, +	aume				
ERTIFICATION		NON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ON CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exoct locotion)			
MEDI	21 D. TIME (Month) (Doy) (Yeor) ( OF INJURY (APPROX.)	Hour) 21E. INJURY OCCURRED  While At Work  Not While At Work	21F. HOW DID IN.	JURY OCCUR?	- 13			
	22. I certify that (V) (this bospital)		12/1/12	19 67to 11	19 10 67			
1	that (1) (we) lost sow the deceased alive on							
	and hour and from the causes stated above. (1) (We) (did) (dld not) view the body ofter death.							
	23A. SIGNATURE  M.D. Attending Med. Stoff Phys.   23B. DATE SIGNED,   1/5/67							
	23C. PHYSICIAN'S NAME (Type)	BLACK M.O.	23D. ADDRESS Clans	Holin	2/15-0-AD			
244	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. 1	LOCATION (C	ty, town, or county) (Stotel			
254	BUNDAN 11-14-67	B. NAME OF REGISTRAR	COMETENY ALS	INC Arund	el Co., Md. ADDRESS			
1	NOV 1 5 1967 R.C.	62, Farley MA	Kandolph J	Ceollick 24	3/ E. Oliver St.			
A 2	150-REV. 1/1/65			AF.				

## IMPORTANT FUNERAL DIRECTOR:

pital and of death (4) Undetermined cause; (5) Deceased Such M.E. CASE NO. Jensen) (Type or Print) LO hospital eath. B. COUNTY ance A. STATE contributing cause FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or lacotion) attend INSTITUTION prior Union Memorial occurred made. regular 5. SEX 6. RACE MARRIED, NEVER MARRIED deceased WIDOWED, DIVORCED (specify) 10A USUAL OCCUPATION (Give kind of work) 10 B. KIND OF BUSINESS OR INDUSTRY disposition as life, even if retired) = Penn R.R. Engineer Ret. WOS the death LO 15. Was Deceased Ever in U. S. Armed Forces (Yes, no ar unknown) (II yes, give war ar dates of service) SECURITY NO. attendance 716-03-8863 No any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY of LEADING TO DEATH IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the diseose, regular injury or complication which caused death.) ANTECEDENT CAUSES who DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains the chief medical MOS burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY! (Yes or No) O WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or about 20. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 ere 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF to the hospital °Z DEATH (notify medical examiner) etc.) nature; × MEDIC (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY (except While At Not While (APPROX.) and Work At Work of any 22. I certify that (1) this hospital) ottended the deceased from that (We) last saw the deceased alive on death) hospital and haur and from the causes stated above. (1) (We) (did not) view the bady ofter death. was released must An accident 23A. SIGNATUR M.D. Attending Phys. Med. 0 Director written approval 0 prior 23 D. ADDRESS a NAME (Type) DR.HARRY F. HOLCOMB JR. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY eceased the body Ö REMOVAL (Specily) shows: Ġ Burial 11-16-67 Ewing Cem. MOS 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR VS 150-REV. 1/1/6S

10946 CERTIFICATE OF DEATH Registered No. BIRTH NO 2. DATE AND HOUR OPPDEATH J. M. 4. USUAL RESIDENCE (Where decoased lived. Il institution: residence before admission) (If outside city limits, write RURAL and give township) (II rural, give location II Under 1 Yr. If Und Manths: Days Hours 9. AGE (In years If Under 24 Hrs. Hours Min. BIRTHPLACE (State or foreign country) 12. CITIZEN OF nnsy (vania Nelsen ADDRESS Emma A. Lund, 3939 Roland Ave. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) 21F. HOW DID INJURY OCCUR? ond that in my (our) opinion death occurred on the 238. DATE SUENED Stall Phy s. Trenton, N.J. ADDRESS Leonard J. Ruck, Inc., 5305 Harford Rd.

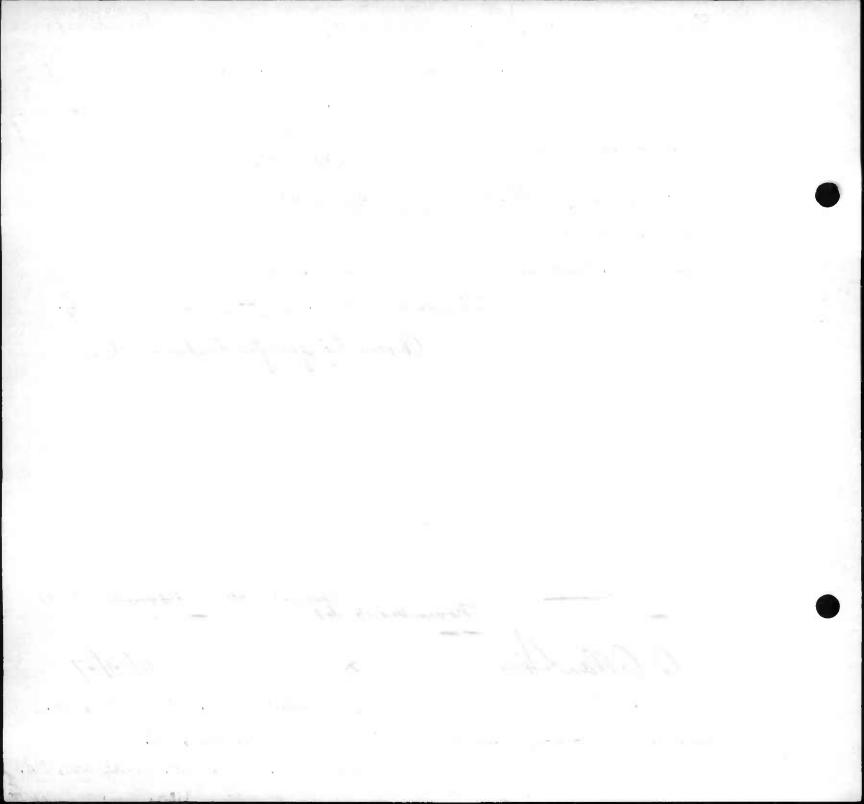
BALTIMORE CITY HEALTH DEPARTMENT

Varior Plemoin By Millery 3939 Boland Evening 2/18/90 77 Pennsylvania Emil 5, Jousen Huna Holon Table 03-8863 | Knigh A. Turat, Steel Co. 11/13/12 How Bougerial Hoy 

the land of the same of the sa

Registered Na. BIRTH NO. CERTIFICATE OF DEATH Such ng cause of death cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) no USUAL RESIDENCE (Where deceased fived: hospital death. attendance (II not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN O = prior 1420 Northgate Road contributing Northagte Road or final disposition is made. (4) Undetermined in regular 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years deceased WLDOWED, DIVORCED (specify) lost birthdoy single 108. KIND OF BUSINESS OR INDUSTRY leacher School Maryland
14. MOTHER'S MAIDEN NAME was the d ambert R. McDonna death O 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of SECURITY NO. attendance 220448830 no pronounced his DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular the chief medical examiner injury or complication which coused death.) who ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the = where the physician obtained before the remains UNDERLYING CONDITION lost. (6) No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. any nature; (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! WAS PERFORMED 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING _ CAUSE OF to the hospital DEATH fnotify medical examiner MEDIC. 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved a hospital (except While At Not While [ (APPROX.) and At Work 22. I certify that (1) (this hospital) attended the deceased fram Roumber 131967 that (1) (as) last saw the deceased alive on...... must be death) of the body was released shows: (1) An accident and have and from the causes stated above. (1) (We) addid) (did not) view the bady after death. An accident 23A. SIGNATURE Attending Phys. M.D. Med. Stoff deceased prior to written approval Director 23 C. PHYSICIAN'S 23 D. ADDRESS at NAME (Type) 1501 was D.O.A. 24A. BURIAL CREMATION, REMOVAL (Specify) Parkwood ( emetera

BALTIMORE CITY HEALTH DEPARTMENT (If outside city limits, write RURAL and give tower If Under 1 Yı. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) Morember 13196 ond that in (my) (ear) aplnian death accurred an the date 23 B. DATE SIGNED Leonard J. Ruck, Inc. Baltimore, Md. VS 150-REV. 1/1/65



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

H-152 CM 10010	BALTIMORE CITY HEALTH DEP	PARTMENT	CF 40040
ыкти но. 67 10948	CERTIFICATE OF I	DEATH Registered No.	0/ 10348
M.E. CASE NO.		2, DATE AND HOUR OF DEATH	1,
(Type or Print) Antwellte	hatte M.	11/14/	(7) 5.40Pm
3. PLACE OF BEATH IN BALTIMORE, MARYLAND	4. USUAL RE A. STATE	SIDENCE (Where deceased lived, If insti	tution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give address and cotion) INSTITUTION		OWN Moutside city limits write RU	RAL on give topwardip)
Unionilemoria	110 PBa	It imore	21-09
44	1350	Stanewood	Road
5. SEX 7. MARKED, NEW WIDOW D. DI	VORCED (specify) Widowed    B. DATE OF B	187H 9. AGE (In years)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY IN BIRTHPLA	CF (State or foreign Jountry)	12. CITIZEN OF WHAT COUNTRY?
Housewife KOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Cox Home	argiana	U.S.
13. FATHER'S NAME	14. MOTHER!	S MAIDEN/NAME	1 .11
15, Was Deceared Ever in U. S. Armed Forces?	SOCIAL 17. INFORMAL	arge whith	rock
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	uch betor	Same
NO IB.	CAUSE OF DEATH	ognici	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Hours	tailure	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	DUE TO TELLY 7	Janore	8 0 0 4 m dairing san yak 6 0 0 g g g h hill g g d g g g g g g g g g g g g g g g g
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ACCV	10	
ANTECEDENT CAUSES	(B) DUE TO		~ ~ <del>**********************************</del>
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the			
UNDERLYING CONDITION last.	(C)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICE	CH OPERATION 20A, AUTO	IN CERTIFYING CAUS	
OR CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., in or obout 21 C. orm, foctory, street, office bldg., INJU		City, give exact location)
DEATH (notify medical examiner) etc.)			
OF INJURY While A		HOW DID INJURY OCCUR?	,
Work	At Work	12/ 17 11	1/14 /5
22. I certify that (I) (this hospital) attended the d	eceased from	1965	190/
ond hour and from the couses stated above (I)	(did) did not) view the hady		on deoth occurred on the dote
23A. SIGNATURE	(did) said noily view the bady		3B. DATE SIGNED
FIX Workenin	M.D. Attending Phys.	Med. Stoff Phys.	11/14/67
23 CPHYSICAN'S NAME (Type)	23D. ADDRESS	THE UNION MEMORIA	1L HOSP/14/1
DR. B. J. WECKESSER	M.D.	mon viemo	Malton
REMOVAL (Specify)	of CEMETERY OF CREMATORY		town, or county)
Burial 11/17/67 Morel	and Cemetery	Baltimore Co., M	[aryland
NOV 1 5 1967 Reg & Fall		d J. Ruck Inc. 5305 F	
VS 150-REV. 1/1/65	7		

to antiferry we have the soft of the state of Non nitemarial Hesp Bultimore Coty 1310 Stevewood Reach 98 08/82/21 parties 0 M 3 ... Fetweed in Maryland U.S. August Traupe Marye Whitrock daughter Same Heart failure BECVD ME 18 186 ME 2 12 15

1 11

Carlinda Legiovidi secon modelate sure Triangle and Landow Tourist Tourist CHARLES THE SECOND PROPERTY. AND REAL PROPERTY.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIR	4-120 67	1095		Y HEALTH DEPARTMEN	or your of the and the	67 10	950
1. N	E. CASE NO. NAME OF DECEASED pe or Print)	hhs	CERTIFICA	2. DAT	E AND HOUR OF DEA	тн ///	· · · ·
3,	PLACE OF DEATH IN BAUTIMORE, M.	ARYLAND		4. USUAL RESIDENCE	Where decrosed lived I	Frinstitution: residence b	efore odmission)
	FULL NAME OF (If not in hospital oddress or localist INSTITUTION	or institution,	give street	Md.	If outside city limits, wri	te RURAL ond give tow	nghip) 🤿 /
L	21			Baltimo		04/	1-34
	SINA i Hospital		D. STREET ADDRESS 4008 1/2	1 (17)	XXX Frankfo		
	SEX 6. RACE	WIDOWEL	NEVER MARRIED D, DIVORCED (specify)	8/11/92	9. AGE (In years lost birthdoy)	Months Doys H	f Under 24 Hrs. ours Min,
	A. USUAL OCCUPATION (Give kind of wo ne during most of working life, even if retired)					12. CITIZEN OF WHAT COUN	
	Retired Guard	Balto.	Jail		land	4.5.14	
13.	PATHERS NAME  Denard H	obbs		14. MOTHER'S MAIDEN		dwards	
15. (Ye	Was Deceased Ever in U. S. Armed For s, no or unknown) (Iff yes, give war or do	orces? les of service)	1 6, SOCIAL SECURITY NO.	Mr. Milton H	lobbs, 710 W. Urbana	Indiana Ave.	
	18. 6 0 9 X I		CAUSE	DF DEATH		INTERVAL	BETWEEN ND DEATH
	DISEASE OF CONDITION D		CC				
	(This does not meon the made o heart failure, osthenio, etc. It meon injury of complication which couse		PTICEMIA		DAY	\$	
	ANTECEDENT CAUSES IN WRIMARY TRACT INFECTION 4 WEEKS						EEKS
	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.	(c) G A s	STROINTES	TINAL BLE	EDING DA	45	
ATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO TH	G E				
ERTIFICA			WHICH OPERATION	20A. AUTOPSY? (Yes	10 CERTIFYING	RE FINDINGS CONSIDE CAUSES OF DEATH?	RED
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B horn etc.	ne, form, foctory, street,	in or about 21 C. WHERE D office bldg., INJURY OCCU	ID (If in Boltin	nore City, give exact lo	colion)
MEDI	OF INTHEY		ile At Not Whi	ile 🦳	NJURY OCCUR?		7 12
	22. I certify that (I) (this haspite	ıl) attended t	he deceased from	NOV 13	19 ØZ ta	Nov. 14	1947.
	that (I) (we) last saw the deceas	ed alive an	Nov 13	19 /e. 7 on	ed that in (my) (aur)	opinian death accurr	ed an the date
	and haur and fram the causes sta	ated abave.(	(We) (did) (did nat)				
	23A. SIGNATURE	7		tending - A4-4 -	1012	23B. DATE SIGNED	
	Rebard . 12	des	M.D. At	ys. Med. Director	Stoff Phy s.	Dov. 4, 1.	16/
	23 C. PHYSI CIAN'S NAME (Type)		M. D.	23D. ADDRESS	Sinai Hospi	tal	
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.N.	AME of CEMETERY OF CE	REMATORY 24	D. LOCATION	(City, town, or county)	(Stote)
	Burial 11/17		rew Friendshi		Baltimor	e, Md.	
254	NOV 185 1967 DEPL	258 NAME	E PEGISTRAM	Leonard J.		ADDE	
VS	150-REV. 1/1/65			1 10 11 17			

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#### BALTIMORE CITY HEALTH DEPARTMENT

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of d	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decea	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. S
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(Type or Print)	HEFFNE	ER, Andrew Freeman	2. DATE AND HOUR OF DEATH 11/12/67 9:45 A			
3. PLACE OF DE	ATH IN BALTIMORE, MA		4. USUAL RESIDENCE (When		institution; residence before odmis	
			MARYLAND			
FULL NAME O	oddress or location	or institution, give street n)		teide city limits writ	te RURAL and give towaship)	
INSTITUTION		CITY HOSPITALS	BALTIMORE	iside only minis, will	18-0	
31	4940 Easte		D. STREET ADDRESS (IF	rurol, give location)		
	Baltimore,	Maryland 21224	820 Vine Stre	eet - 21201		
5. SEX MALE	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi	
	NEGRO	MARRIED	10/14/18	49		
	UPATION (Give kind of work working lile, even il retired)	10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?	
Coch	Meh		VOKK S.	, Ci		
13. FATHERS NA	ME // ty		14 MOTHER'S MAIDEN NA	ME		
Win	of Hetth	18 M	MORAN THE	emenn		
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed For	ces? 16. SOCIAL SECURITY NO.	17. INFORMANT RECORD	S: Baltimo	ore City PAUS pitals	
No		249-123569	7 4940 Eastern Av	venue, Balt	timore, Md. 21224	
1B. 3 /	7 X I	CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEA	SE OR CONDITION DI	RECTLY	-2 11 .		- 1	
(This does	LEADING TO DEATH not mean the mode of	dving e.g. DUF 10	KEBRAL HYP	OXIA	5 days	
heart failure,	asthenia, etc. It meons	the disease,			, 0	
				/		
	nplication which caused ANTECEDENT CAUSES	death.)	YLIGEAL OSSAL	UCTIEN	5 days	
	ANTECEDENT CAUSES	DUE 10	KEBRAN HYP. YNGER OSSA	COTIEN	5 days	
DISEASES (	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A)	any, giving	YLGEAL OSSAL		5 days	
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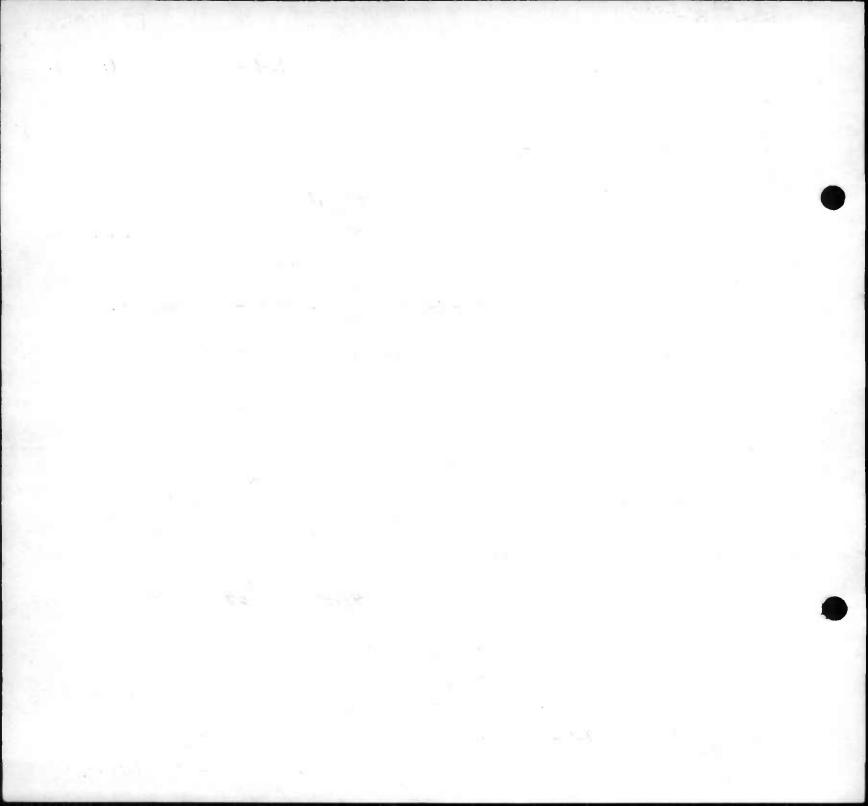
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# FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	K-20	0	100	BALTIMORE CIT	Y HEALTH DEPARTMEN	NT .	02 :00
BIRT	H NO.	67	103	352 CERTIFICA	TE OF DEAT	H Registered Na.	6/ 10952
	AME OF DECE	ASED			2. DA	TE AND HOUR OF DEATH	1
/T	D 4)		h			11-13-67	1 1.30 9
3. P	LACE OF DEA	Hans T. Kause	RYLAND		4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission)
F	ULL NAME OF OSPITAL OR NSTITUTION	(If not in hospitat a address or location		an, give street	c. CITY OR TOWN Baltimon	(If autside city limits, write	RURAL and give township)
9	O House	e of the Pin	es-Be	lair	D. STREET ADDRESS 4424 Ras	(If rural, give location) pe Avenue	2001
5. \$	EX	6. RACE		ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	ale	White	Par	web, DIVORCED (specify)	June 28, 1894	tost birthdoy)	Manths Days Hours Min.
		PATION (Give kind af wark rorking life, even if retired)		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
B	aking tr	gineer	Stai	ndard Foods	Germany		U.S.A.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN		
	Un	known			Unkn	own	
15. \	Nos Deceased	Ever in U. S. Armed Fore	os?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	No	(If yes, give war ar date	s of servic	e) SECURITY NO. 437-01-8468	Ruth B. Ka	usch - 4424 Ro	uspe Ave.
	18. / 6 =	XI		CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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	heart failure,	asthenio, etc. It meons plication which caused	the disea			( /	
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ATION	TO THE DE	II FICANT CONDITIONS CLATH BUT NOT RELATION CAUSING I	TED TO	TING Pulmo	neng In	Coli	
ERTIFIC ATION	19A. DATE OF		DITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?
AL C	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF		21 B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE C	OID (If in Boltimo	ore City, give exact location)
MEDIC.	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
×	(APPROX.)			While At Work Not Wh			
	22. I certify	that (1) (this hospital	) attende			19 6 7 to	11-13 1967.
1		last saw the decease		11	1967 0	nd that in (mv) (ant) or	sinian death accurred on the date
				. (1) (We) (did) (did nat)			
	23A. SIGNATUI		ed dbdve	. (1) (we) (ard) (ard ridt)	View the body difer de	orn.	238, DATE SIGNED
		1/1/	121	MOUNT M.D. At	tending Med.	Stoff	11711-17
	23C. PHYSICIAI	vs /	12	ou p	ys. Director	□ Phys. □	1 14-61
	NAME (Ty	pel H	W.K.	WONG M.D.	6801	Belair	St 21206
24A		AATION, 248, DATE	240	NAME of CEMETERY or CI	REMATORY 2	4D. LOCATION	City, tawn, or county) (State)
	Burial		57	Befair Memoria	1 Gandons	- Balain A	nuland
25A	. DATE REC'D	BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL DIRE	Belair, A	ADDRESS
	NOV 1	1 5 1967 A A	B- 0	Fallenma	John (. 1	Miller Inc-641	5 Belgin Rd.
VS	150-REV. 1/1/6	5		Acres -			<i>y</i>



# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/65

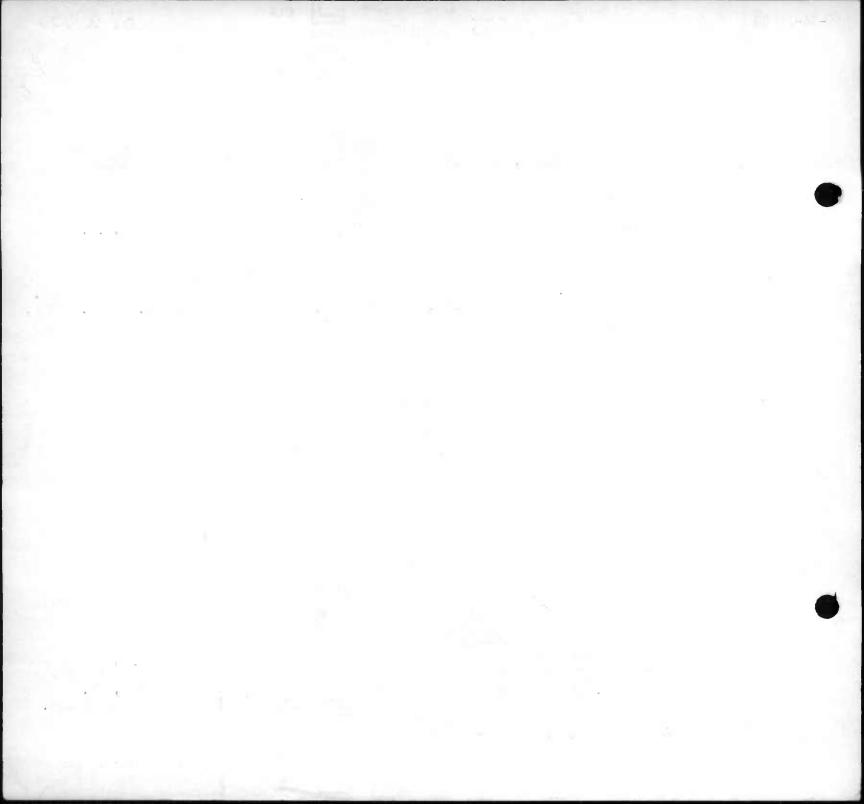
1	1-540			HEALTH DEPARTMEN		
BIRTH	i NO. 67	109	53 CERTIFICA	TE OF DEAT	H Registered Na	67 10953
M.E.	CASE NO.		- GERTINION		E AND HOUR OF DEATH	4
	Francis P	Lami	17		1/11/67	215
3. PL	ACE OF DEATH IN BALTIMORE MA		44		-//	institution: residence before admission)
				A. STATE B. C	YMUO	
	JLL NAME OF (If not in haspital of address or location		, give street	Marylan		
	STITUTION	"		C. CITY OR TOWN	It autside city limits, write	RURAL and give township)
d	43			Baltimo D. STREET ADDRESS	(If rural, give location)	4001
S	OUTH BALTIMORE GENER	AT HOS	PTTAT	1631 S. Cha		
5. SE			D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Ma	ale White	WIDOW	ed, DIVORCED (specify) arried	4/29/92	last birthday)	Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of work during most al working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at	r fareign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired		Dairy	Balto. Md		USA
13. F	ATHER'S NAME	1		14. MOTHER'S MAIDEN		
v	In ob. II and 7.7					
15. W	Hugh Hamill Tas Deceased Ever in U. S. Armed For	ces?	1 6. SOCIAL	Margaret T	iedenmann	ADDRESS
(Yes,	na arunknawn)(tt yes, give war ar date	s of service	SECURITY NO.			
Ye	s # <b>1</b>		215 10 3816		a D. Hamill	1631 S. Charles St.
1	B42011 7126	UX	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	RECTLY		suspec of		
	LEADING TO DEATH (This does not mean the mode of	dvine oc	(A) 6	person In	eumonia	
	heart failure, osthenio, etc. It meons	the diseos	e, DOE 10			
	injury or complication which caused		$\Omega$	ente Marra	eumonia udial de fouil	
	ANTECEDENT CAUSES		DUE TO	2000	acay - a force	
	DISEASES OR CONDITIONS, if		9	leni Del	Oft.	
	rise to the obove cause (A) UNDERLYING CONDITION lost.	Storing in	e (C)		· · · · · · · · · · · · · · · · · · ·	
	ll l					
Z	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTI	NG DC	A	AA	
	TO THE DEATH BUT NOT RELA		THE Jerle	les sall	lilus	
E I	9A. DATE OF OPERATION 19B. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC				NO		
U	TA. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	] 2	B. PLACE OF INJURY (e.g., in ome, larm, factory, street, of	fice bldg. INJURY OCCU	ID (II in Baltimo	are City, give exact location)
	DEATH (natity medical examiner)		c.)			
0	21D. TIME (Manth) (Day) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
> 1	OF INJURY (APPROX.)		Vhile At Nat Whil			
			Vark ☐ At Wark			701//0
2	22. I certify that XXX(this hospital	) attended	the deceased from	10/20/01	19ta1	1/14/6/19
1	hat 🗯 (we) last saw the decease	d alive on	11/14/67	19an	nd that in (MOM) (aur) ap	pinion deoth accurred on the date
0	and haur and fram the couses stat	ed abave.	(I) (We) (did) (did nat) v	iew the body after de	ath.	
2	3A. SIGNATURE	_				238. DATE SIGNED
	C. Carle	U	M.D. Atte	ending Med. Director	Statt Phys.	11/14/67
2	C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	J 1 17550	8
	C. CARTER,	M.D.	M.D.	S.B.G.H 1	213 Light Str	
24A.	BURIAL CREMATION, 248. DATE		NAME of CEMETERY OF CRI			City, tawn, ar caunty) (State)
	REMOVAL (Specify)			1	77	
_	DATE REC'D BY HEALTH DEPT.	258. NAME	Cedar Hill OF REGISTRAR	25C. FUNERAL DIRE		A. Co. Md.
	NOV 1 5 1967 (P.P.		Failey M.A			
1	MAN TO 1201 ALVENT	N C'	TOTOGO, and	2v1	c Cully 13	O E. Fort Ave

China Transcome
The Majordal Sepation
There we detather

K. the

LIZZ BALTIMORE CITY	HEALTH DEPARTMENT
10954 CERTIFICA	TE OF DEATH Registered No. 67 10954
NAME OF DECEASED  Type or Print)  BESSIE HOUSTON	2. Date and Hour of Death  1-15-67  5:45 A M
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B. COUNTY
FILL MANE OF A War to be sind as institut	
FULL NAME OF (If not in hospital ar institution, give street address ar lacation)	C. CITY OR TOWN (If outside city limits, write RURAL and give powriship)
INSTITUTION	BALTIMORE /20
FRANKLIN SQUARE HOSPITAL	D. STREET ADDRESS (If rural, give location)
	870 VINE 51.
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs
WIDOWED, DIVORCED (specify)	2-26 Wall 73 Months Doys Hours Min.
SA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY	1007
one during most of working life, even if retired)	WHAT COUNTRY?
HOUSEWIFE	SOUTH CAROLINA WEA
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHNES UNTROWN	LUCY JOHNSON
. Was Deceased Ever in U. S. Armed Faices? 16. SOCIAL	17. INFORMANT, 2 ADDRESS
es, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	Harbout 1/2 al 107-11- OX
MJ 2/3 079/19	HOWNER I MORRICH & 10 NING OL
18. 2 90 3 1/ E CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	MANIALON MANIANON VIII - 11
(This does not mean the made of dying, e.g., DUE TO	Time Nal presidence 11-11 711-
heart failure, asthenia, etc. It means the disease.	NUTOR HICE inches
injuly at camplication which caused death.)	to be the transfer
m l	MMINAL presidence 11-11 711-11-11-11-11-11-11-11-11-11-11-11-11-
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	X left nep. 10-10-67
UNDERLYING CONDITION last.	-> i1-15-17
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ility
TO THE DEATH BUT NOT RELATED TO THE DESCRIPTION CAUSING IT.	10.0019
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID (If in Baltimore City, give exact lacation)
[DEATH (notify modical examinar) [etc.] act and a	LINCOLNI ALLINGIALO DOLLE GARELO B
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	THE LINCOLN NURSING HOME CAREY BY
OF INJURY	
(APPROX) 19-10-67 Wark Not While At Work	
22. I certify that (I) (this hospital) ottended the deceosed fram	11-11 1967 10 11-15 1967
that (1) (we) last saw the deceased alive on	1967 and that in(my) (our) opinion death occurred on the do
and hour and from the couses stated above. (1) (44) (did) (did not) v	
23A. SIGNATURE	23B. DATE SIGNED
M. Cakiling M.D. Atte	ending Med. Staff   1-15-67
Physicians	
NAME (Type)	23D. ADDRESS
M.D.	FRANKLIN SQUARE GOSD. BACTO. MI
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
Busins 11/29/1010 My Hallann	10m. Rolle //m
SA, DATE REC'D BY HEALTH DEP 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 1 5 1967 R. Cub E. Falley MA	Williams Films Wolfrage 2009 lake A
MAN TO 1301 APPROPRIES LANGUAGE	Marian homonal vone of 11. bringen
\$ 150-REV. 1/1/65	

. . . W-T. Description in Notice on the - A TO THE THE THINKS To the state of th



W - 600 BIRTH NO.

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 10956

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD			
TISHIE WRAY	November 13, 1967 8:25 A.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)  A, STATE  B, COUNTY			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
2116 W. North Avenue	Baltimore D. STREET ADDRESS (If rurol, give locotion)			
	2116 W. North Avenue			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) 5. P.	B. DATE OF BIRTH  9. AGE (In years li Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Sam Robinson	14. MOTHER'S MAIDEN NAME  Many Longe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	DA Bettes Whay Sheller MC.			
	OF DEATH SINTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
LEADING TO DEATH	ve subarachnoid hemorrhage			
(This does not mean the mode of dying, e.g., heart foilure, astheria, etc. It means the disease, injury or complication which caused death.)				
ANTECEDENT CAUSES	nod companies 1 consultant consultant			
DISEASES OR CONDITIONS, IF ANT, GIVING DUE TO	red congenital saccular aneurysm			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED			
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?			
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.,	Yes Yes In or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bidg.,   INJURY OCCUR?			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH,  21B. PLACE OF INJURY (e.g., home, form, foctory, sheel, or etc.)	office bldg., INJURY OCCUR?			
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	WHILE O			
22. I certify that I held an Inquiry Inspection Au	tapsy X and that an this basis, death in my aplnian			
resulted fram: Natural causes X Accident Suicid	e Hamicide Undetermined manner			
ACTUAL Charl S. S. M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER			
EXAMINER'S Charles S. Springate, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER November 13, 1967			
23A. BUBIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	1 11 11 - 1 1 1 1.			
NOV 1 5 1967 Poleub 2. Fallenta	Central Director Hally Harth Carplena Address Address			
VS 151-REV, 1/1/65	munistre to through 1/2/1/10000001			

THE RESERVE OF THE PERSON OF T March Medial Land Steel Res To be building 

7	10957	BALTIMORE	CITY	HEALTH	DEPARTMENT
	TOOM				

BIRTH NO.	67	10957	CERTIFICA	TE OF DEATH	Registered Na	01	10937
M.E. CASE NO.  1. NAME OF DEC (Type or Print)	CEASED				ND HOUR OF DEATH	н	
3. PLACE OF DE	Inther ATH IN BALTIMORE, MA  OF (If not in hospitol			4. USUAL RESIDENCE (Wh A, STATE B, COU Maryland	L-2-67 ere deceosed lived. If NTY	institution: resident	9:45 A. A
HOSPITAL OR	oddress or location	1)		C. CITY OR TOWN (If o	utside city limits, write	RURAL ond give	(lownship)
39	Providen 1514 Div	ision St	reet	Baltimore, D. STREET ADDRESS (1) 835 W. Lomba	f rurol, give location)	/	0
Male	6. RACE	7. MARRIED, N WIDOWED,	and 21217 EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN O	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME		
5. Wos Decease Yes, no or unknow	d Ever in U. S. Armed For	ces? 1 s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
				Mr. Mullen-	Friend	S	AME
heart failure, injury or co  DISEASES rise to It UNDERLYIN	LEADING TO DEATH not mean the mode of osthenio, etc. It meons implication which coused ANTECEDENT CAUSES OR CONDITIONS, if e obave couse (A) G CONDITION lost.  IIIIICANT CONDITIONS COREATH BUT NOT RELA	the disease, death.)  any, giving sloting the	Alco	cinoma of Lungs	ic		
	CONDITION CAUSING	T. DITION FOR WH	HICH OPERATION	20A. AUTOPSY? IYes or N		E FINDINGS CON AUSES OF DEATH	SIDERED
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner			n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	Ilf in Boltimo	ore City, give exoc	et location)
21D. TIME OF INJURY	(Month) (Doy) IYeor)	lHour) 21 E. II While Wark	At Not While At Work		JURY OCCUR?		
that (1) (we	) last saw the decease	d alive an NC	vember 2,	tober 16,  19 67  and the bady after death.	hat in (my) (aur) as	ember 2,	1967 curred an the da
23A. SIGNAT	Regação	Di Se	eg Q M.D. Atte	ending Med. S. Director	Stoff Phys.	238. DATE SIG	
23C. PHYSICI.	Type)	io S. Te	engco, M.D.	23D. ADDRESS 1514 Division	Street	Baltimore	Marylan
24A. BURIAL CRI REMOVAL	MATION, 248. DATE		AE of CEMETERY OF CR	18 1 4 18 4 4 11		CAL SC	1 1 1 1 1 1 1 1 1 1
25A. DATE REC'U	NOV 1 5 106	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	RY SERV	ICF B	DDRESS CHD
VS 150-REV. 1/1	65	" Ubback	E NAMED WA	(*)	()	13/14/ 82	the of H Rea

11/5/67

FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occu	t if death occi
the body was released to the hospital by a medical examiner. Also, if the direct or contri	irect or contr
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermi	(4) Undeterm
was D.O.A. at a hospital (except where the physician who pronounced death was in regu	h was in regu
deceased prior to death); and (6) No physician was in regular attendance on the decease	n the decease
written approval must be obtained before the remains are embalmed or final disposition is m	isposition is m

	67 10958 C	ERTIFICATE O		Registered No.	267 10958
	AME OF DECEASED		2. DATE	ND HOUR OF DEATH	
•	Brown, Mary		11-7		3:05
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUA		ere deceased lived, If i	nstitution; residence before ad
	FULL NAME OF (If not in hospital or institution, give stree	Ma	ryland	Baltimo	ore
	HOSPITAL OR oddress or location) NSTITUTION	C. CITY	OFTOWN (If	outside city limits, write	RURAL and give (termiship)
-	33		ltimore	frurol, give location)	
-	The Johns Hopkins Hospital		N. Eder		
S.	EX 6. RACE 7. MARRIED, NEVER	MARRIED B. DATE	OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under
	Female Negro Widow		/1000	lost birthdoyi	Months Doys Hours
102	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES		./1900 IPLACE (State or fo	67	12, CITIZEN OF
dor	e during most of working life, even il retired)				WHAT COUNTRY?
12	FATHER'S NAME	14 MOT	HER'S MAIDEN N	AAAF	
. 3.	I CHIEF & HOME	14. MOI	Translativity		
10	W. B	19 11-1	BLAANIY		Appres
Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service)	IAL URITY NO.	KMAN I		ADDRESS
	18. 33/XI	CAUSE OF DEATH			ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY	7 10000	1:100001	clar accu	do + 39.
	(This does not mean the mode of dying, e.g.,	(A) , CELLE	eed week	icar niccu	cure of
	heart failure, asthenia, etc. It means the disease,	DUE TO			
	injury or camplication which caused deoth.)				3
	ANTECEDENT CAUSES	(B)		# 0 <b>6av-8 # 0</b> 0 0 a a a a # # # # # # # # # # # # # #	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(6)			
	UNDERLYING CONDITION lost.	(C)			
	li li				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	UGI blee	Air :		
AT	DISEASE OR CONDITION CAUSING IT.				
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C	PERATION 20A.	AUTOPSY? (Les or	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
-	214 ACCIDENT WAS HINDERLYING	OF INITIAL CO.	DIC WHERE DID	(IX :- b-I-	NO
3	OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in or obout	IZIC. WHERE DID		
O		toctory, street, office blag.,	INJURY OCCUR?	th the bollino	re City, give exact location)
CALC			INJURY OCCUR?		re City, give exect locohon)
EDICAL C	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY	OCCURRED	21F. HOW DID II		re City, give exact locohon)
DICAL C	21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY		INJURY OCCUR?		re City, give exact locohon)
EDICAL C	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY While At	OCCURRED  Not While  At Work	INJURY OCCUR?		(Per City, give exact locohon)
EDICAL C	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY (APPROX.) While At Work	OCCURRED  Not While  At Work	21F. HOW DID II	NJURY OCCUR?	11/7/67 19
EDICAL C	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY (APPROX.)  22. 1 certify that (1) (this hospital) attended the decertified (1) (we) lost sow the deceased alive on	OCCURRED  Not While  At Work   posed from 10	21F. HOW DID II	JURY OCCUR?	11/11/10
EDICAL C	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY (APPROX.) While A1 Work  22. 1 certify that (I) (this haspital) attended the december 1.	OCCURRED  Not While  At Work   posed from 10	21F. HOW DID II	JURY OCCUR?	11/7/67 19
EDICAL C	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY While At Work  22. I certify that (I) (this haspital) attended the decerthat (I) (we) lost saw the deceased alive an and hour and from the causes stated above. (I) (We) (	OCCURRED  Not While  At Work  osed from 10  did) (did not) view the	21F. HOW DID II	NJURY OCCUR?  19 to to op that in (my) (our) op  Stoff	11/7/67 19 inlon death occurred on t
EDICAL C	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the decerthat (I) (we) lost sow the deceased alive an and hour and from the causes stated above. (I) (We) (23A. SIGNATURE	OCCURRED  Not While  At Work  osed from 10  It/ 7/ 19  did) (did not) view the  M.D. Attending Phys.	21F. HOW DID II	119totothot in(my) (our) op	11/7/67 19 inlon deoth occurred on t
EDICAL C	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY While At Work  22. I certify that (I) (this haspital) attended the decerthat (I) (we) lost saw the deceased alive an and hour and from the causes stated above. (I) (We) (	OCCURRED  Not While  At Work  osed from 10  did) (did not) view the	21F. HOW DID II	NJURY OCCUR?  19 to to op that in (my) (our) op  Stoff	11/7/67 19 inlon deoth occurred on t
MEDICAL	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY (APPROX.)  22. 1 certify that (I) (this hospital) attended the decertion (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (I) (We) (23A. SIGNATURE  23C. PHYSICIAN'S (NAME (Type) G. MICHAEL VINCENTER)	OCCURRED  Not While and work observed from 10 19 19 19 19 19 19 19 19 19 19 19 19 19	21F. HOW DID II	NJURY OCCUR?  19 to to op that in (my) (our) op  Stoff	11/7/67 19 inlon deoth occurred on t
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MEDICAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY While At Work  22. I certify that (I) (this hospital) attended the decertion of the courses stated above. (I) (We) (23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) (MICHAEL VINCENTAL OF THE COURSE STATE)  A. BURIAL CREMATION, 1248. DATE (24C. NAME of Course)	OCCURRED  Not While and work observed from 10 19 19 19 19 19 19 19 19 19 19 19 19 19	21F. HOW DID II	NJURY OCCUR?  19 to to op that in (my) (our) op  Stoff	11/7/67 19 inlon death occurred on t
WEDICAL C	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY (APPROX.)  22. I certify that (I) (this hospital) attended the decertion (I) (we) lost saw the deceased alive an ond hour and from the causes stated above. (I) (We) (23A. SIGNATURE (Type) (C. MICHAEL (I)) (We) (Month (Type) (C. MICHAEL (I)) (We) (Month (Type) (M	OCCURRED  Not White  At Work  Dosed from 10  19  did) (did not) view the  M.D. Attending Phys.  23D. ADD  23D. ADD  CEMETERY of CREMATORY	21F. HOW DID II	NJURY OCCUR?  19 to to op that in (my) (our) op  Stoff	238. DATE SIGNED 11/7/67 Eity, fown, or equipy)
MEDICAL C	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY While A1 Work  22. I certify that (I) (this haspital) attended the decertant (I) (we) lost sow the deceased alive an and hour and from the couses stated above. (I) (We) (23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) G. MICHAEL VINCENSE NAME (Type) G. MICHAEL VINCENSE NAME (Specify) 11 13 67	OCCURRED  Not White  At Work  Dosed from 10  19  did) (did not) view the  M.D. Attending Phys.  23D. ADD  23D. ADD  CEMETERY of CREMATORY	21F. HOW DID III  9 67 ond body ofter death  Med. Director	NJURY OCCUR?  19 to to op that in (my) (our) op  Stoff	238. DATE SIGNED 11/7/67  Eity, fown, or county)

12.00 × 11/13/27

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
ate must be approvant released to the accident of any nation to death); and proval must be obta

	CM	10050 BALTIMORE CITY	Y HEALTH DEPARTMENT	. /	07 10000			
BIRTH NO.	01	10959 CERTIFICA	TE OF DEATH	Registered No.	67 10959			
M.E. CASE NO				ND HOUR OF DEATH				
(Type or Print)		12 (11)	1/2	6.67	1 9:25 PM			
3. PLACE OF	DEATH IN BALTIMORE, MA	YLAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before admission)			
	WERE LITY	HOS13	COZIII GOO	E 87+	male			
HOSPITAL	HULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location)							
INSTITUTION			BAT.		53.00			
20			D. STREET ADDRESS (IF	rurol, give location)				
0								
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.			
M	W	NOT KNOUN		66	7,000			
		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?			
HACO T	t of working life, even if refired)		NOT KILOVILL		1184			
13. FATHER'S	NAME	<u> </u>	14. MOTHER'S MAIDEN NA	ME	10-50			
NOT	r.,,,,,,		1h- 1000	(1)				
15. Was Decea	sed Ever in U. S. Armed Ford	ces? 16. SOCIAL	17. INFORMANT		ADDRESS			
(Yes, no or unknown	own) (If yes, give wor or date	s of service) SECURITY NO.	OF OUR	25				
NO		NOT KNOWN	) PIS CHAIR	7				
18. 3	70:11		OF DEATH		ONSET AND DEATH			
DIS	EASE OR CONDITION DIR	Pose	00 4512 1 AR 200411	NA VISCUS	NZOHR			
	s not mean the mode of		UCTITOD ABDOMI	NI V VISCO S	w 1117			
	re, asthenio, etc. 11 meons complication which caused		1					
	ANTECEDENT CAUSES	(B) > 5 P	ISTRIC VLCER	A	Yenrs			
DISEASES	OR CONDITIONS, if	DUE TO						
rise to	the above cause (A)		nimán n 977 mm n m m 0 n mm n m n ún 0 nú 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	× 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
UNDERLY	ING CONDITION lost.							
Z OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING						
E TO THE	DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO THE						
19A. DATE	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY! (Yes or N		FINDINGS CONSIDERED			
D 21A. ACC	NE WAS PERF	ORMED		IN CERTIFYING CA	DES OF DEATH!			
OF CONT	IDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 B. PLACE OF INJURY le.g., home, lorm, foctory, street, c		(If in Boltimore	e City, give exact location)			
	otify medical examiner)	etc.)						
OF INJUR		(Hour 21E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?				
(APPROX)		While At Work At Work						
22. L cert	tify that (1) (this bosnital	) ottended the deceased from	, NOV	19 67 to Sa	me dale 19.			
		d olive on 6 NDV	19 67 and 1					
	Name of Street, Street			not mility) (out) opi	mon death accorred on the date			
23A. SIGN.		ed obove. (1) (We) (did) (did not)	view the body offer deoffi.		23 B. DATE SIGNED			
CRA	ando to. Or	M.D. An	tending Med.	Stoff V	110067			
23C.PHYSI	Clars	Phy	23D. ADDRESS	Phys.	16 180° 0			
	E (Type)	10	LEVAND Propher	· Am adas				
7101	VEY STATLETON	VK M.D.	ON WAS DOD		FUNCARVIAND			
24A. BURIAL (	CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	TINITUED CE	LOCATION (C	ity, town, or county) (Stote)			
	16/15/	6	ONIVERSI	II MEDIC	AL SCHUUL			
25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	COTTAL D	ADDRESS			
	NOV 1 5 1967 (	D. B. E. Falley M.S.		OLITAL D	12LAZI			
VS 150-REV. 1	/17/65	M. C. LO.		7.				

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurry the body was released to the hospital by a medical examiner. Also, if the direct or contribu-	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine	was D.O.A. at a hospital (except where the physician who pronounced death was in regula	deceased prior to death); and (6) No physician was in regular attendance on the deceased	have been been been been been been been be
FU	This certificate must be approved by the	shows: (1) An accident of any nature; (2)	was D.O.A. at a hospital (except where	deceased prior to death); and (6) No ph	the second secon

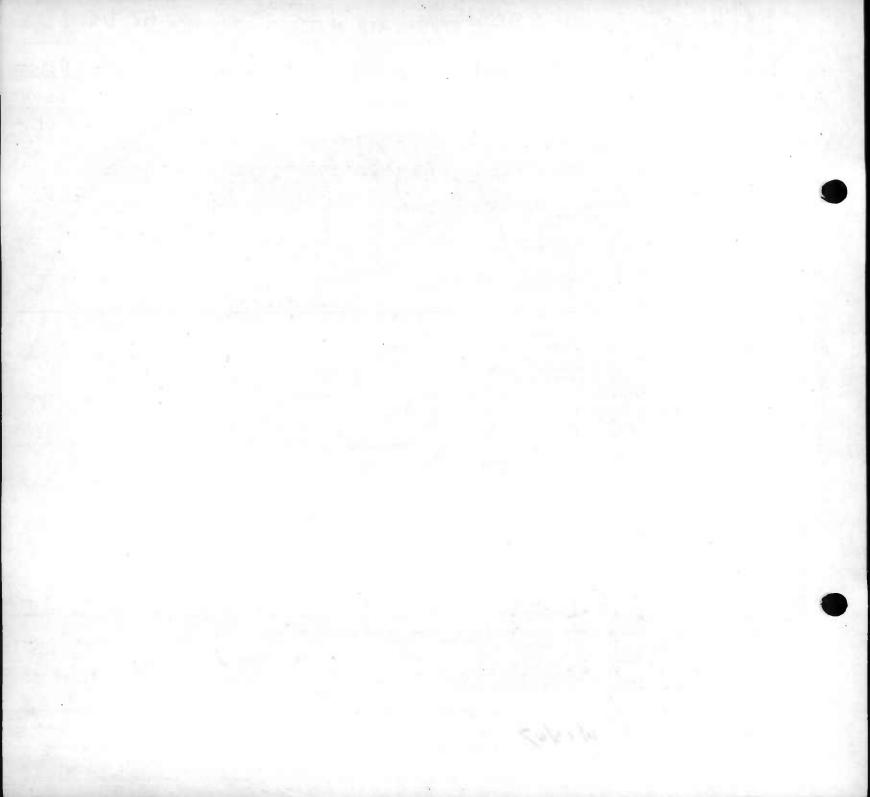
0 1117	177	67 10000 BA	LTIMORE CITY HEALTH DEPARTMENT	67 40000
7605		н но. 67, 22061 67 10960	ERTIFICATE OF DEATH	Registered No. 67 10960
of death of death Deceased e on the	1. N	AME OF DECEASED	2. DATE A	ND HOUR OF DEATH
de de con	(Тур	e or Print Daley Day Olar	now.	6,1967 19:50 Pm.
hospital se of c (5) Dece ance or death.	3. 1	LACE OF DEATH IN BALTIMONE, MARYLAND	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If institution: residence before admission)
hosp ise (5) anc dea		ULL NAME OF (If not in hospital or institution, give street	( m	
		HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN	utside city limits, write RURAL ond give township)
fin a mag cause; cause; attend	-	35	15A	Humore EU
ng cau	-	Oh 2 1 11 11 21/22	1 1	f rural, give location)
botined lar	5. 5	EX 6. RACE 7. MARRIED, NEVER A	ARRIED B. DATE OF BIRTH	9. AGE (In years   If Under 1 Yr. , If Under 24 Hrs.
occurre ontribut ermined regular eased p	-	Male W WIDOWED DIYOR	(ED (specify) 11/6/67	lost birthdoy) Months Doys Hours Min.
E 0 = 0 E		USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINES during most of working life, even if retired)	OR INDUSTRY   11. BIRTHPLACE (Stote or for	reign country) 12. CITIZEN OF WHAT COUNTRY?
0	1	71-13	m.)	USA
D + D B e S	13.	FATHER'S NAME	14. MOTHER'S MATTEN N	AME
		Charles Clark	13/Ancha	ARD IRLRY bAUSh
stant ind; eath e on	15. Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOCI	AL 17. INFORMANT	ADDRESS
Ssistant the di y kind; y death		Mo	20038	PRAHS+ 21231
IMPORTAN r his assistant llso, if the di of any kind; ounced death ttendance on		18.7 6 2.01	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
his his		DISEASE OR CONDITION DIRECTLY	0	
Als Als		LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) anoxemo	/ hr. x/min.
		heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	20210	
O FEE DE		ANTECEDENT CAUSES	(B) inghilty of	lungs to be
DIRECTOR: cal examiner. s; (3) A fractur cian who process in regular.		DISEASES OR CONDITIONS, if any, giving	allated inspite of	portail mestere
RE ex		rise to the above cause (A) stating the UNDERLYING CONDITION last.	+ concetton.	
Sy, (				
AL DIR medical edical burns; (s hysician in was in	N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	10 00 1-	1 + 1 .
RAI med med buy phy an	ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	erythoblactoris	
FUNER  te chief r  by a m  2) Body    e the p  physicia	CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION 20 A. AUTOPSY? (Yes or N	NO 20B. IF YES, WERE FINDINGS CONSIDERED TO CERTIFYING CAUSES OF DEATH?
FUI the classified (2) B ere the ophy efore	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE C	F INJURY (e.g., in or obout 21C. WHERE DID	(If in Boltimore City, give exact location)
_ == 0 = 0 = 0	CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE COR CONTRIBUTING CAUSE OF home, form, DEATH (notify medical examiner) etc.)	octory, street, office bldg., INJURY OCCUR?	
by pite;		21D-TIME (Month) (Doy) (Year) (Hour) 21E. INJURY	OCCURRED 21F. HOW DID IN	JURY OCCUR?
ved b hosp natur ept v d (6)	MEDI	OF INJURY  (ABBOOV)  While At	Not While	
o de la contra del		Work -	At Work	1967 to 910 - 6 1967.
pp thy and the contract of the		22. I certify that (I) (this haspital) attended the deceathat (I) (we) last saw the deceased alive an		1967 to Nov- 6 1967, that in (my) (aur) apinian death accurred an the date
0 + + = 0 0				
ust be assed dent deat must		and haur and fram the causes stated abave. (I) (We) (c 23A. SIGNATURE	id) (did nat) view the bady after death	238, DAT# SIGNED
nust be leased ident o hospita o death		nie Par	M.D. Attending Med.	State - 11 -
E e o a e e		23C. PHYSICIAN'S	Phys. Director 23D. ADDRESS	Phys. 11/6/67
was r An at a prior		23C. PHYSICIANS NAME (Type)	M.D.	and bound on an arm
* 2 7 7 7	244	BURIAL CREMATION, 24B. DATE 24C.NAME of C	AINAIG	LOCATION (City, town, or country) (State)
body ws: (1 s D.O.		REMOVAL (Specify)	HAIWES	SITY MEDICAL SCHOOL
This cer the bod shows: was D.C decease	25A	. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIST	RAR 25C. FUNERAL DIRECTO	OR ADDRESS
This cert the body shows: ( was D.O decease written	i	NOV 15 1967 ROMBE FO	O. 40 MORT	HARV SERVICE BCHB
	VS	150-REV. 1/1/65	viceral 1 271 UK 1	CIARL DURVEUL - L'ALL

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### IMPORTANT FUNERAL DIRECTOR:

of death cause; (5) Deceased Such no hospital death. ance COUSE attend 9 8 = prior contributing occurred (4) Undetermined regular is made. deceased death isposition = Was the direct assistant death HO ō kind; final attendance any OF pronounced or his Also, embalmed of fracture the chief medical examiner examiner. regular who GLO 3 physician the remains medical Was burns; physician Body the 8 before by (2) where to the hospital °N any nature; 6 obtained 9 approved (except ; and 99 of death) hospital the body was released must accident must 10 approval 8 prior certificate to An D.O.A. eceased shows: SD

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 107 21914 CERTIFICATE OF DEATH Registered Na. M.E. CASE NO. (Type or Print) Bab 2. DATE AND HOUR OF DEATH NOON 3. PLACE OF DEATH IN VALTIMORE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY (If not in haspital ar instilution, give street FULL NAME OF HOSPITAL OR address as lagation JUI outside city limits, write RURAL and give township INSTITUTION Univ. of Md. Assortal D. STREET ADDRESS (If rutal, give location) If Under 24 Hrs. 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE AM If Under 1 Yr. 5. SEX VEGIS WIDOWED, DIVORCED (specify) Haurs lost birthdov Noaro 3/6 5 married never 10A USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 5 14. MOTHER'S MAIDEN NAME 13. FATHERS NAME 15. Was Deceased Ever in U. S. Armed Farces?
(Yes, no or unknown) (ill yes, give wor or dates of service) ADDRESS 17. INFORMANT 6. SOCIAL SECURITY NO. CAUSE OF INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loiture, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, il ony, giving to the above couse (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar obout 27 C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (Il in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.l (Manth) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 5:50 Am 19 (0) 10 12 noon 22. I certify that (1) (this hospital) attended the deceased from that (1)(we))last sow the deceased alive an and that in (my) ((aur)) opinion death accurred an the date and haur and from the causes stated above. (1) (We (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Stoff M.D. Med. Phys. Director L Phy s. 23 D. ADDRESS 23 C. HHYS CIAN'S M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

a. Cr	A A A A A BALTIMORE	CITY HEALTH DEPARTMENT		67 10962
BIKILL MO.	7 10962 CERTIFIC	CATE OF DEATH	Registered Na	DE LUJOZ
I, NAME OF DECEASED	.1 17	2. DATE AND	HOUR OF DEATH	
(Type or Print) Baby Boy	Hotozner	16/8	28/67	15:50 A.M.
3. PLACE OF DEATH IN BALTIMORE M	ARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived. If ins	titutian: residence befare odmissian)
FULL NAME OF (If not in haspita	at ar institution, give street	Md. (	(H)	
HOSPITAL OR address or locati		C. CITY OR TOWN (If outsi	de city lighits, write RI	JRAL ond give township)
3 & Univ. of Mo	1. Agrandol	D. STREET ADDRESS (If ru	rol, give location)	0 0 0
0001111.00		424 118	Horer &	X 21224
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs: Min.
Male Coucasion	n never marrie	1 10/27/61		7 27
10A, USUAL OCCUPATION (Give kind of wo		STRY 11. BIRTHPLACE (State at fareign	n country)	12. CITIZEN OF WHAT COUNTRY?
		Md.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Leo Hally	ner	Clara		
15. Was Deceosed Ever in U. S. Armed F (Yes, na ar unknawn) (If yes, give war or da	orces?  otes of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT		Howas M Hago
no		Dane McCat	Pray M.D.	Baltimore MA
18.776X	CAUS	E OF DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D		Imm ducht		120
(This does not mean the made		DITTION		
heart failure, asthenia, etc. It mean injury ar complication which cause				
ANTECEDENT CAUSE	ES (B)	***************************************	*******************************	70-70-0 CONTROL OF THE CONTROL OF TH
DISEASES OR CONDITIONS, if				
UNDERLYING CONDITION lost.	.) staling the (C)	**************************************		
, II				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	LATED TO THE			
	INDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No)	208. IF YES, WERE FI	NDINGS CONSIDERED
	ERFORMED	NO	IN CERTIFFING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	21 B. PLACE OF INJURY ( hame, farm, factory, streetc.)	et, affice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
21D. TIME (Manth) (Day) (Year	r) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)		While Work		
22. I certify that (i) this hospit		7	(a) to	VO 128 1960
that (1) (we) last saw the decea	10100	7 / 0	~	ian death accurred an the date
and haur and from the causes st	90			
23A. SIGNATURE	100		1	23B. DATE SIGNED
tame 6. ON	had DAS M.D.	Attending Med. S Phys. Director P	toff hys.	10/28/10
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	U. U.S.	10-5/12
V	^	ANATOM	V ROLPA	OF MARVIAND
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of	CREMATORY 240. LO	CATION	, tawn, ar county) (State)
11/13	3/67	UNIVERSI	ITY MEDI	CAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	TOTAL DIST	POSAT ADDRESS
	1 Ololeut E. Farker	HUDI	HALL DIO	· OOTLI
VS 150-REV. 1/1/65				

11/15/18

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shows:

BALTIMORE CITY HEALTH DEPARTMENT 65-0987/67 10963 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MEGAN ELIZABETH SMITH 2 on 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission B. COUNTY A. STATE Co (If outside city limits, write RURAL and give township) BONNIE AVE. 21014 9. AGE (In yours 1/ If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. 17. INFORMANT (FAHIEL) 838-5386 ADDRESS 17 BONNIE HUEDUE BEI Air, MARY IAND 21014 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct locotion) 196) ond that in (my) (our) apinion death occurred on the date 238. DATE SIGNED 6 (City, town, or county) (Stote) REMOVAL (Specify) St. Ignatius Church CEMETERY Nev. 14,1967 HArrord Co, MArylArd Hickory BuriAl 25A. DATE RECO BY HEALTH 25B NAME OF REGISTRAD 25C. FUNERAL DIRECTOR ADDRESS-W. Broadway & collings BEI Air, MAY 1924 21014 VS 150-REV. 1/1/65

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No. 14,197 St. Egentles Chard Canalas Malany Hariand Co. Manglang

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#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.				
1. NAME OF DECEASED			2. DATE AND HOUR PR	ONOUNCED DEAD
ANDREW	SENDEC	K	November 13	3, 1967   13:06 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased live	ved. If institution: residence before odmission)  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATIONSTITUTION	L OR INSTITUTION, GIVE STREET	Mary	rland VN (If outside corporate I	limits, write RURAL and give township)
South Baltimore Gener	al Hospital (DOA)		cimore RESS (If rurol, give locofio	2003
a .		3721	Pascal Stree	et
1	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE lost birth	
Male White	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)  MEAT CUTTER	FOOD FOIR CO	EURO	PE	WHAT COUNTRY?
13. FATHER'S NAME  ADAM SENDEC	K	14. MOTHER'S M	AIDEN NAME	•
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. THEORMANT		ADDRESS
(Yes, no orunknown) (If yes, give wor or dotes	of service) SECURITY NO.	FALL	1	Some.
18. 14. 2	146 - 114	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIR	FCTLY			ONSET AND DEATH
LEADING TO DEATH	, Arter	ioscleroti	c Cardiovascu	ılar Disease
(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused do	dying e.g., the discose, eoth.)			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF AN				
UNDERLYING CONDITION LAST.	A IING THE			
Z	(C)			
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING DISPA, DATE OF OPERATION 198, COND. WAS PERFO	ATED TO THE			
19A, DATE OF OPERATION 19B, CONE	DITION FOR WHICH OPERATION	20 A. AUTOPSY		, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?
V 21A, EXTERNAL CAUSE WAS OUNDERLYING □ OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. V	VHERE DID (If in Boltimo	ore City, give exoct locotion)
UTING CAUSE OF DEATH.  21D TIME (Month) (Doy) (Yeor)	(Hour) 21E, INJURY OCCURRED	215 H	OW DID INJURY OCCUR	2
OF INJURY (APPROX.)		WHILE	ow bid injust occur	
22. I certify that I held an In	quiry Inspection X Au	tapsy and	that on this basis, d	leath in my apinian
resulted fram: Natural cau	<b>57</b>			ned manner
\	, (		EDICAL EXAMINER	
SIGNATURE MOUSE	1-70-EM.D	ASSISTANT M	EDICAL EXAMINER	DATE SIGNED
EXAMINER'S Werner U	J. Spitz, M.D.	ASSOCIATE M	EDICAL EXAMINER	11/14/67
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION	(City, town, or county) (Stote)
Suraly 11-17-	67 Holy Coss	(em.	Battino	e 2/225, Md. aglo
24A. DATE RECT THEALTH 1967	See Santante	24C. FUNER	AL DIRECTOR 4	1200 Pennington are
VS 151-REV. 1/1/65		Jun K	Harn-V	saxo. 21 - gald

7	)-	P	2	1	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	-
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	ed in	d cau	- atte	prior	
0	ntribu	rmine	egula	pesc	
	or co	ndete	u .	dece	TION
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TAN	sistan the d	kind;	death	10 90	
FUNERAL DIRECTOR: IMPORTANT	his as so, if	f any	paou	endar	000
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CTO	amine	A frac	d ou	regul	me e.
DIRE	cal ex	s; (3)	v upi:	ui si	IN SUIT
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	beved to	nato	cept	(Q) PL	MINAC
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	ust be	dent	ospit	deat	milet
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	This ce	hows	was D.	lecedi	VEITTO
	-+	S		9	2

#	017 40	BALTIMORE CITY	HEALTH DEPARTMENT		000 :000
BIRT	rh NO. 0/ 1U	965 CERTIFICA	TE OF DEATH	Registered No.	67 10955
	AME OF DECEASED		2. DATE A	AND HOUR OF DEATH	
	pe or Print) De Vaughn,	John		11/12/6	7 15:21 Am
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU		stitutian: residence befare admission)
	FULL NAME OF (If not in haspital or institut	ion. Give street	MARYLAN		
- 1	HOSPITAL OR address of lacotion) NSTITUTION	Ton, give once.	C. CITY OR TOWN (If o		RURAL and give township)
	THE JOHNS HOPK	INS HOSPITAL	BALTIMO		8-00
	3 3			It rurol, give location)  ELLWOOD A	AVE 21213
	20				
5. 5		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His. Manths Days Hours Min.
		RRIED	1-11-00	67	12 CITYEN OF
	LUSUAL OCCUPATION (Give kind of work 108, KIN eduring most of working life, even if retired)	D OF BUSINESS OK INDUSTRE	11. SIKIMPLACE (Sigre of to	reign country)	12. CITIZEN OF WHAT COUNTRY?
3.	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
	JOHN DEVAUGHN Was Deceased Ever in U. S. Armed Forces?		SARAH		
5. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no oi unknawn) (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	18. 4420.1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			1-0-1	ONSET AND DEATH
	LEADING TO DEATH	(A) ac	ute suyorar lián	dreel sufar	c- sei hours
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the disc	e.g., DUE TO	lian		at least
	injury or complication which caused deoth,)		SCVD Z	31975	21 1122
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if ony, gi		in	past	
	UNDERLYING CONDITION last.	(0)		*************	
	11	1/ 1	1	1 1	14
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO	THE Mroine le	my disease c	acute from	curs
CAI	DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes of		
RTIFIC	WAS PERFORMED	The state of the state of	No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notity medical examine)	home, toim, toctory, street, o	mice bidg., INJURY OCCUR?		
DIC	21D. TIME (Manth) (Doy) (Yeoi) (Houi)	21E. INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
MEDI	(APPROX.)	While At Not While			/
		Work At Wark	11/15/	/ -	11/1
	22. I certify that (I) (this haspital) attend	11/12	(1/5/	19	/
	that (I) (w) lost sow the deceased alive	/			nion death occurred on the date
	and hour and from the causes stated above	ve. (1) (We) (did) (did new)	riew the body ofter death	1.	
	23A. SIGNATURE			51-11	23B. DATE SIGNED
	Cleantly 14 00	M.D. Att. Phy	s. Med. Director	Stott Phys.	
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	, ,	10 10
	Elzabeth HUJ	ausson M.D.	Johns Hoy	okins H	05 pital Balto.
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	IC. NAME of CEMETERY OF CR	EMATORY 240.	LOCATION (C	ity, town, or county) (State)
	Burel 11-15-67	Oak Lau	W I	me -	
257	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	OR DO	ADDRESS/
	MAN 7 0 1321 OS Berg	E, starkenta	Thelmark.	Hoffmann	3210 Student
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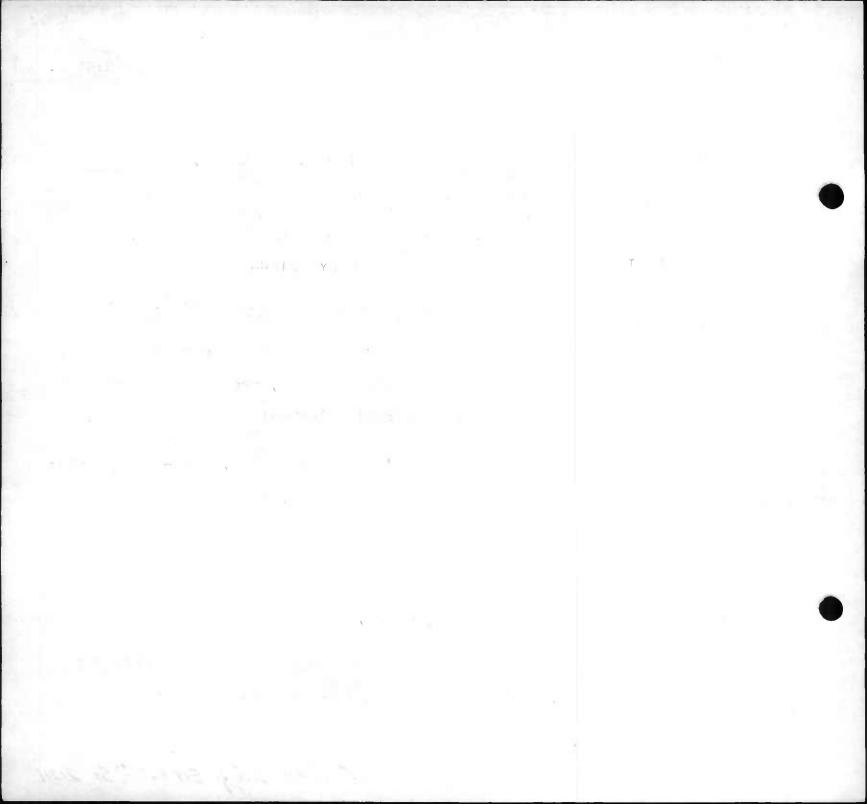
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	TH NO, E. CASE NO.	67 10	CERTIFICA	TE OF DEATH	Registered No.			
1, N	AME OF DECEASED	1/	1		HOUR OF DEATH	,		
	1 rank		lseman		0-67			
3. P	PLACE OF DEATH IN BAL	TIMORE, MARYLAND		A. STATE B. COUNTY	deceosed lived. If 1	nstitution; residence before odmi:		
F	FULL NAME OF (If no	ot in hospitol or institu	ution, give street	Marylan	al			
	NSTITUTION	ess or locotion)		C. CITY OR TOWN (If outsi	de city limits, write	RURAL and give township)		
	1. T. 11	anni To	r l	Balto.		201		
1	rely A	ospeta		D. STREET ADDRESS	Bould	en St 1		
5. S	SEX 6. RACE		RRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours M		
	MU	WID	OWED, DIVORCED (specify)	7-16-1902	st birthdoyl	TVIONINS DOYS		
tOA	USUAL OCCUPATION (G	ve kind of work 108, KIN	D OF BUSINESS OR INDUSTRY		country)	12. CITIZEN OF		
done	e during most of working life, e	even if retired)	en Il	md.		WHAT COUNTRY?		
12	FATHER'S NAME		principle	14. MOTHER'S MAIDEN NAM	-			
13.	To Have	1		L	N	1. 14		
	Thank			Thances	Kuns	chardt		
15. Y	Was Deceased Ever in U. s, no or unknown) (If yes, giv	S. Armed Forces?	1 6. SOCIAL vice) SECURITY NO.	17. INFORMANT	1. 1.	ADDRESS 7		
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	18. 11 3 0 1	1		OF DEATH		INTERVAL BETWEEN		
ŀ	DISEASE OF COL	NDITION DIRECTLY		46		ONSET AND DEATH		
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			e.g., DUE TO					
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May . In 1716 Pack 6 2 Francis Breeze dry 4 supplied and the second the second difference

NAME OF DEC	FASED		CERTIFICA	TE OF DEATH	ND HOUR OF DEA	ATH
0.1.1	ROBERT GRAH	AM			ovember 1	10/7
	ATH IN BALTIMORE, MA	RYLAND			ere deceased lived.	If institution: residence before admission
CILL MAAAE	OF (If not in hospital	as institution	sive street	Maryland	NII	
FULL NAME ( HOSPITAL OR INSTITUTION	oddress or location		give street		utside city limits, wr	ite RURAL and give township)
1 3				Baltimore		1-03
					f rurol, give location)	
JOHNS 1	HOPKINS HOS	PITAL		2124 E. Pra	att St.	
sex Male	White	7. MARRIED, WIDOWEI DIVOI	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH 12/27/25	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		10B. KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12, CITIZEN OF WHAT COUNTRY?
	working life, even if retired)	Com - tw		Atlanta Co		
Sand Bl	<u>aster</u> ME	Constr	uction	Atlanta, Ga.	AME	U.S.A
Ros	ERT			MARY QUINI	ий	
es, no or unknow	d Ever in U. S. Armed For n)(If yes, give wor or dote	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	None		213-20-6137	Mrs. Sandra S	chell 33	9 S. Ellwood Ave.
1B. 3 2	2./1		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
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	nal meon the made of		DUE TO	••••••		
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rise la II	OR CONDITIONS, if ne abave cause (A) G CONDITION lost.	ony, giving slaling the	Chro	onic alcoholis encephalopaiomyopathy;	ism athy, alc	One year
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Owas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
sed sed ant o

	6'	7 109	88 BALTIMORE CITY	HEALTH DEPARTMENT		67 1	10968
BIRTH NO.		100	CERTIFICA	TE OF DEATH	Registered No.		-0000
M.E. CASE NO 1. NAME OF D (Type or Print)		ge Wash	ington		ther 14, 1967		2:05
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WHA. STATE B. CDU	ere deceased lived. If in	stitution: residenc	e before odmiss
FULL NAMI HOSPITAL C	R address or location	n)	1	MARYLAND C. CITY OR TOWN (If o	outside city limits, write f	RURAL ond give	ownship)
10	Veterans Admi			BALTIMORE		(	000
2/	3900 Loch Rav Baltimore, Ma	ryland	21218	D. STREET ADDRESS	f rural, give location) W3.Y		
Male	White	Never	, NEVER MARRIED D, DIVORCED (specify) Married	B. DATE OF BIRTH 2/22/94	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under 24 Hours Min
	CCUPATION (Give kind of world of world of working life, even if retired)  Railroad		F BUSINESS OR INDUSTRY  Lroad B&O	11. BIRTHPLACE (Stote or fo MARYTAND	reign country)	12. CITIZEN O WHAT CO UNITED	
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME		
Amoss	Lego sed Ever in U. S. Armed For			Amy Louise Cr	esswell		
15. Wos Deceo (Yes, no or unkno	sed Ever in U. S. Armed For own) (If yes, give wor or dote 7/24/18-1/1	s of service)	16. SOCIAL SECURITY NO. 717-07-87-41		Hospital Reco		RESS
1B. 3	3.2 Y I		CAUSE O	F DEATH	e vary and	INTERV	VAL SETWEEN
DISI	EASE OR CONDITION DI	RECTLY	Encer	halomalacia		. 7	months
heort foilu	s nal meon the mode of re, asthenia, etc. It meons	the diseose					
injury or o	camplication which caused ANTECEDENT CAUSES		Cereb	ral arterioscl	erosis with	4 2	months
DISEASES	OR CONDITIONS, if			nemiphegia			
rise lo	The above couse (A)						
DTHER SIG	II  GNIFICANT CONDITIONS C  DEATH BUT NOT RELA	ATED TO TH	G Bro	nchopneumonia		1 we	ek
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that 21) (v	ve) lost saw the decease	ed olive on	November 14,	19.67 and the lew the body after death	hot in (m) (our) opi		
23A. SIGNA						23B, DATE SIGN	NED
	R. H. Sur	ning	Phy		Stoff Phys.	11/14,	/67
NAMI	RALPH H. TWI	NING		eterans Admini	stration Hos	oital, Ba	lto. Mo
24A. BURIAL C	CREMATION, 24B. DATE	24C.N	AME of CEMETERY of CRE			ty, town, or coun	
Burial			ltimore Nation	al Cemetery B	altimore, Mar	yland A	
2SA. DATE REC	NOV 1 6 1967	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	10: 10 a	736	DDRESS
VS 150-REV. 1/	/1/65	الالالالالالالالالالالالالالالالالالالال	5 E. tarbeyna	M. Muan	Jely, yr E	14 10, 36	1 St. 21.
	03				01		

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0 3 1	BALTIMORE CITY HEALTH DEPARTMENT	67 40000
7 5 05	BIRTH NO.  67 10969 CERTIFICATE OF DEATH  Registered No.	07 10363
of death of death Deceased e on the	N.E. CASE NO.  1. NAME OF DECEASED (Type or Print) Elroy Collazo Rodriquez  2. Date and Hour of Death (Type or Print) Elroy Collazo Rodriquez	1110/0
of of Dec ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND  4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admission)
a hospital cause of c ise; (5) Decendance or	FULL NAME OF HOSPITAL OR INSTITUTION  (If not in hospital or institution, give street oddress or location)  (If not in hospital or institution, give street oddress or location)  (If outside city limits, write RU	MOLE RAL ond give township)
rred in outing ed car att	MARY AND GENERAL HOSPITAL D. STREET ADDRESS (If rutol, give location)	
occurre contribut ermine regular eased p	MALE PUENTO-RICAN WIDOWED, DIVORCED (specify) 12-23-09 lost birthdox/ 7	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	The state of the s	12. CITIZEN OF WHAT COUNTRY? UNITED STATES
NT  It death direct or of the (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	13. FATHER'S NAME A. ROD FIGUEZ. 14. MOTHER'S MAIDEN NAME M. COLLAZO	
IMPORTAN or his assistant Also, if the di of any kind; or of any kind; intended death		allow Hill ar.
O S F (Les of P	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ner o ner. / icture pron	LEADING TO DEATH  (This does not mean the mode of dying a g	sase I month
	healt failure, asthenia, etc. It means the disease, injury or complication which coused death.)	several
examine xamine xamine () A fract who provided in regular	DUE TO	0
# 6 X @ E	rise to the above cause (A) stating the (C)	
Licini W	II AT I DISEASE OR CONDITION CAUSING II.	3,5.5
Z R B B B B B B B B B B B B B B B B B B	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
tal the	home, larm, foctory, street, office bldg, INJURY OCCUR?	City, give exact locotion)
roved by ne hospi y nature xcept wind (6) P		
0 = = 0 0	The state of the s	- 9 1967.
D + 4 = E 3		an death accurred an the date
sor de de	23A. SIGNATURE STORM STORM Attending Med. Stoff M	11-9 67
certificate pody was reserved. (1) An ac D.O.A. at a served prior	23C. PHYSICIANS NAME (Type) FRIDTIOFUR BIORNSSON MARYLAND JEW  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CREMETERY of CREMATORY 24D. LOCATION (City,	ERAL HOSP
body ws: (		town, or county) Stotes
This the show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR LANGUE Commany By	1 Catorevilly Med
	VS 150-REV. 1/1/65	)

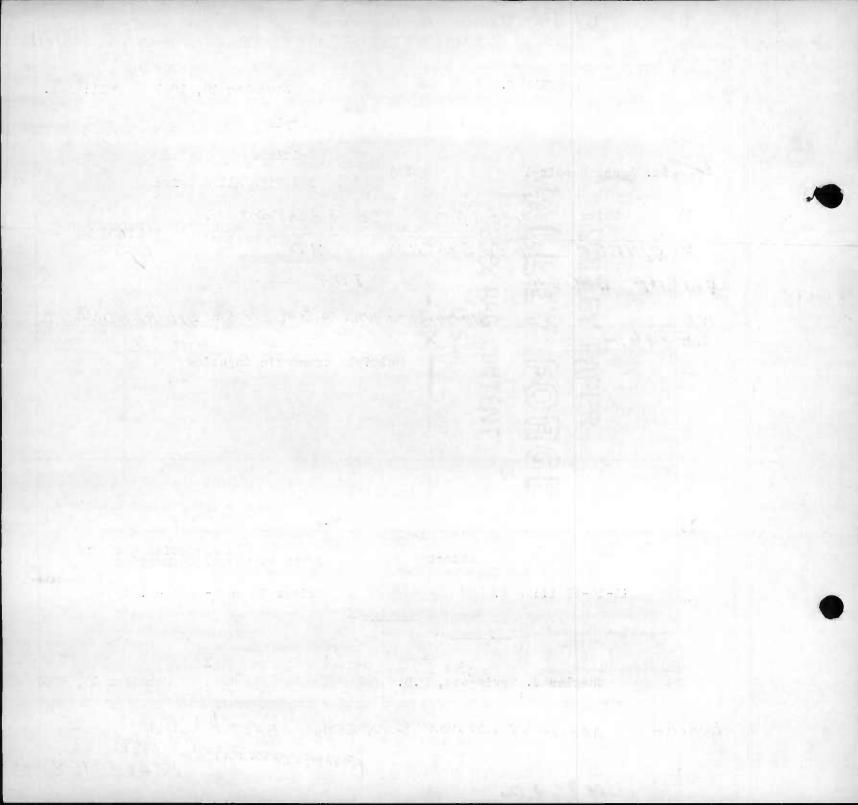
A TENERAL STERNSE HAMPERSHAR HERE FILE IN

67 10970 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 67 10970
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) MARTIN G. BACON	November 10, 1967   11:45 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
40	Baltimore D. STREET ADDRESS (If rurol, give locoton)
St. Agnes Hospital (DOA)	508 Glen Allen Drive
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
WIDO WED, DIVORCED (specify)	Months Doys Hours Min.
Male White WIDOWED	DECEMBER8-1897 70
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	YII. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ENGINEER SCHOOL SYSTEM	MD U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELISHA BACON	IDA —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no orunknown) (If yes, give wor or dotes of service) SECURITY NO.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
NO 217-09-2838	WM. A. BACON SR. 410 RANDOM RD.
1B. CAUSE	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH Mu	ltiple traumatic injuries
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	***************************************
injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION WAS PERFORMED  (C)	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	Yes Yes Yes
ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.,	in or about 21C, WHERE DID (If in Boltimore City, give exact location)
UNDERLYING CAUSE OF DEATH.	office bldg., INJURY OCCUR? Old Frederick Road and Swann Avenue (Intersection)
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
11-10-67 11:28 A. WHILE AT NOT AT W	WHILE X Driver in auto-auto collision
22. I certify that I held an Inquiry Inspection Au	tapsy X and that on this basis, death in my apinian
resulted fram: Natural causesAccident X Suicid	de Hamicide Undetermined manner
an a Ti	CHIEF MEDICAL EXAMINER
ACTUAL (	DATE SIGNED
	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER November 10, 1967
NAME (Type)  23A. BURIAL CREMATION, 238. DATE   23C. NAME of CEMETERY of	CREATORY 122D LOCATION (C')
REMOVAL (Specify)	
BURIAL NOV. 14-1967 LOUDON PAR	PKCEM. BALTO MD.

24A. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR

FARLEY-CAVANAUGH 660 ADDRESS
FARLEY-CAVANAUGH FREDERICK AVE.



I, NAME OF DECEASED		DATE	AND HOUR OF DEATH	
Type or Print WR IGHT	BABY BOY	2. 0 41	11/1/1/67	6 JED
PLACE OF DEATH IN BALTIMORE, M.			here deceased lived. If i	nstitution: residence before odmission)
HOSPITAL OR oddress or locotic	l ar instilution, give street	MARYLAND  C. CITY OR TOWN (IF		RURAL and give township)
ST. AGNES HO	CDITAL	BALTIMORE	(If rurol, give location)	52-00
40 31. Adites 110	STIAL	609 WOOD S	TREET	
. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
MALE WHITE	NEVER MARRIED	11/14/67	lost biringoy)	5 39
DA, USUAL OCCUPATION (Give kind of wo one during most of working life, even if retired)	rk 10B, KIND OF BUSINESS OR INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
RICHARD C. WRIGHT		LUCILLE S	TEWART	
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor or do	les of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		ST. AGNES	RECORDS - 1	WILKENS & CATON
18. 77/VI	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D		THA		ONSET AND DEATH
(This does not mean the made of	(A)	Immetunty		O Nours
heart failure, asthenia, etc. It mean	s lhe disease,	/		
ANTECEDENT CAUSE				
DISEASES OR CONDITIONS, if	DUE TO			
iise to the above cause (A)		14-4	400 00 m 0 000 000 000 00 00 00 00 00 00	rozda mozira <b>u (m.</b> ja o 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE			01.0
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
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OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	ATED TO THE IT.  NDITION FOR WHICH OPERATION  RFORMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	NO	(If in Boltimo	
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OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the decease	ATED TO THE  IT.  IT.  IT.  IT.  IT.  IT.  IT.  IT	NO n or obout 21C, WHERE DID ffice bidg., 21F, HOW DID I	IN CERTIFYING CA	re City, give exoct locotion)  EMBER 14, 19 67
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the decease	ATED TO THE  IT.  NOTION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.,)  (Hour) 21E. INJURY OCCURRED  While At Not While At Work  Not While At Work	NO n or obout 21C, WHERE DID ffice bidg., 21F. HOW DID I	IN CERTIFYING CA	MBER 14, 19 67
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CO WAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the deceas and hour ond from the couses ste	ATED TO THE  IT.  IT.  IT.  IT.  IT.  IT.  IT.  IT	NO n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?  21F. HOW DID I  DVEMBER 14  19 67 and rlew the bady after deat	IN CERTIFYING CA	re City, give exoct locotion)  EMBER 14, 19 67
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 19B. CO WAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the deceas and hour ond from the couses ste	ATED TO THE  IT.  NOTION FOR WHICH OPERATION  REFORMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  While Al Not While Al Work  al) attended the deceased from NOVEMBER  AL Work	NO n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?  21F. HOW DID I  Polymer 14  19 67 and reduced the bady after death  and the bady after death	IN CERTIFYING CA	MBER 14, 19 67 inian death accurred on the date 11/14/67
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the deceas and hour ond from the couses stee 23A. SIGNATURE	ATED TO THE  IT.  NOTION FOR WHICH OPERATION  REFORMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While At Work  al) attended the deceased fram NC seed alive an NOVE MBER 12  attended above. (I) (We) (did) (did not) while Attended the deceased fram NC seed alive an NOVE MBER 12  Attended above. (I) (We) (did) (did not) while Attended the deceased fram NC seed alive an NOVE MBER 12  Attended above. (I) (We) (did) (Add not) while Attended the deceased fram NC seed alive an NOVE MBER 12  Attended above. (I) (We) (did) (Add not) while Attended the deceased fram NC seed alive an NOVE MBER 12  Attended above. (I) (We) (Add) (Add not) while Attended the deceased fram NC seed alive an NOVE MBER 12	NO n or obout 21C, WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID I  DVEMBER 14  19 67 and rlew the bady after deat	IN CERTIFYING CA	EMBER 14, 19 67 inian death accurred on the date 11/14/67
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COWAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the decease and hour and from the couses stopped and hour and from the couse	ATED TO THE  IT.  NOTION FOR WHICH OPERATION  REFORMED  218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While At Not While At Work  al) attended the deceased fram NC seed alive an NOVE MBER 12  attended above. (I) (We) (did) (did not) while Attended the deceased fram NC seed alive an NOVE MBER 12  Attended above. (I) (We) (did) (did not) while Attended the deceased fram NC seed alive an NOVE MBER 12  Attended above. (I) (We) (did) (Add not) while Attended the deceased fram NC seed alive an NOVE MBER 12  Attended above. (I) (We) (did) (Add not) while Attended the deceased fram NC seed alive an NOVE MBER 12  Attended above. (I) (We) (Add) (Add not) while Attended the deceased fram NC seed alive an NOVE MBER 12	NO n or obout 21C, WHERE DID ffice bidg., 21F. HOW DID I  21F. HOW DID I  OVEMBER 14.  19 67 and rlew the bady after deat  Pending Med. 5. Director 223D. ADDRESS  ST AGNES HOS	IN CERTIFYING CAMERICAN INTERPOLATION OF THE PROPERTY OF THE P	MBER 14, 19 67 inian death accurred on the date 11/14/67
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CO WAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the deceas and hour and from the causes str 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  JOHN WEAG  4A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE	ATED TO THE IT.  INDITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  all) attended the deceased fram NC  sed alive an NOVEMBER 12  attended above. (I) (We) (did) (did not) while which while whil	NO n or about 21C, WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID I  21F.	IN CERTIFYING CA	EMBER 14, 19 67 Inian death accurred on the date 11/14/67  KENS & CATON AVE
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CO WAS PE  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the deceas and hour and from the causes str 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  JOHN WEAG  4A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE	ATED TO THE  IT.  IT.  INDITION FOR WHICH OPERATION  REFORMED  218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)  (Hour) 21E. INJURY OCCURRED  While AI Not While AI Work  INDITION OF THE INJURY (e.g., inhome, form, foctory, street, of etc.)  While AI Not While AI Work  INDITION OF THE INJURY (e.g., inhome, form, foctory, street, of etc.)  While AI Not While AI Work  AI Work  AND. Atternation A.D. Atternation A	NO n or about 21C, WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID I  21F.	IN CERTIFYING CA	EMBER 14, 19 67  inian death accurred on the da  238 DATE SIGNED  11/14/67  KENS & CATON AVE
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CO WAS PE 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year OF INJURY (APPROX.)  22. I certify that (I) (this haspite that (I) (we) last saw the deceas and hour ond from the couses stee 23A. SIGNATURE  23C. PHYSICIANS NAME (Type)  JOHN WEAG  4A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE	ATED TO THE IT.  INDITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)  (Hour)  21E. INJURY OCCURRED  While At Not While At Work  all) attended the deceased fram NC  sed alive an NOVEMBER 12  attended above. (I) (We) (did) (did not) while which while whil	NO n or about 21C, WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID I  21F.	IN CERTIFYING CA	EMBER 14, 19 67 Inian death accurred on the date 11/14/67  KENS & CATON AVE

System Value Control

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ST. AGNES REGORDS - WILLMENS & CATOLLA

NOVEMBER 14, 67 NOVEMBER 18, 67

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VS 150-REV. 1/1/65

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.T. JAFFY G. SALL

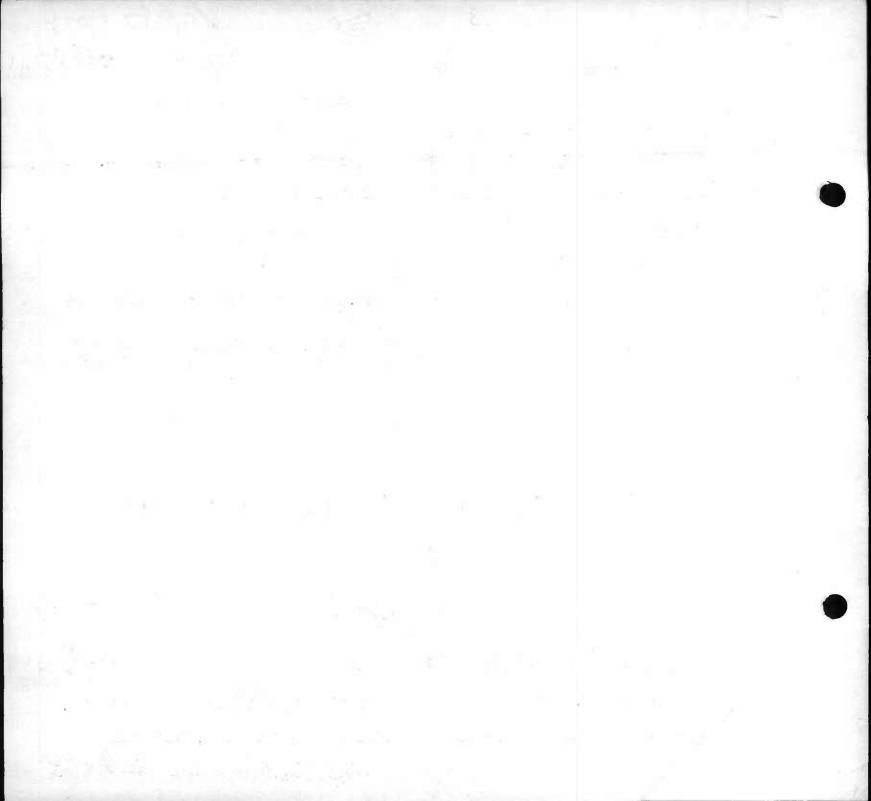
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IMPORTANT	
DIRECTOR:	
FUNERAL	

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIRTH NO. 67 10	1977	HEALTH DEPARTMENT	No. 67 10973
M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered	20010
(Type or Print)	D !	11/15/6	7 1086 ATh
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Davis	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) INSTITUTION	ion, give streel	Maryland Anne Aru	
/ House in the Pines - B	elvedere	Annapolis	32.00
90	32.04320	Box 90 Route 5 Bro	wnswood Rd.
	RIED, NEVER MARRIED DWED, DIVORCED (specify) Single	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 74	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10 B, KIN			12. CITIZEN OF
	esser	Mai ne	WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Edward Davis		?	
15, Wos Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)(If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No None			st Milliman #5
18. 163 X I	CAUSE O	-	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Vo	and in out to	BOUT
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disciniury or complication which coused death.)  ANTECEDENT CAUSES	(B)	areinopotores	670.
DISEASES OR CONDITIONS, if ony, gi			ŧ
UNDERLYING CONDITION last,			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			,
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in Bold fice bldg., INJURY OCCUR?	timare City, give exact lacotion)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work Not While At Work	e	
22. I certify that (I) (this hospital) attend		July 15 19 67 10	910-15 1963
that (I) (we) last saw the deceased alive	an NO	19 2 and that in (my) (aur)	apinian death accurred an the do
and haur and fram the causes stated above	e. (I) (We) (did) (did nat) v	iew the bady after death.	•
23A. SIGNATURE  23C. PHYSICIAN'S	CUCTO Phy	Med. Stoff s. Director Phys.	23B, DATE SIGNED
NAME (Type) LESTER N. KOLMA		3700 Park Heights A	ven Balto Md.
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE		(City, town, or county) (State)
Burial 11/20/67		ial Cemetery San Diego,	California
25A. DATE REC'D BY HEALTH DEPT. 25B. NA NOV 1 6 1967	ME OF REGISTRAR	Wn A. Teibnerd Se	no Butto & pa
VS 150-REV. 1/1/65		111111111111111111111111111111111111111	



## 67 10974 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10974

M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD
MARY L. MUET	LLER	November 14,1967 7:55 A.
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATIONSTITUTION	L OR INSTITUTION, GIVE STREET ION)	C. CITY OR TOWN (If ourside corporate limits, write RURAL and give township)
3,3		Baltimore  D. STREET ADDRESS (If rural, give location)
99 Johns Hopkins Hosp	pital D.O.A.	202 N. Linwood Ave.
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female White	Widowed	8/10/88 79
10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	UB. KIND OF BUSINESS OR INDUSTR	WHAT COUNTRY?
Housewife	- m	Maryland U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
William Fel	Lger	Elizabeth Kormann
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dotes		17. INFORMANT ADDRESS
00	217-34-9741	Mrs.Claire E.Button, 210 N. Linwood Ave
18. 4422 1	CAUS	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	ECTI Y	ONSET AND DEATH
LEADING TO DEATH	(A) Arte	eriosclerotic Cardiovascular
(This does not meon the mode of cheort foilure, osthenio, etc. It meons to injury or complication which coused de	ine discose,	Disease
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	IY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	(C)	
<u> </u>	\ \\ \partial \ \partial \partial \ \partial \	
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	ATED TO THE	
19A, DATE OF OPERATION 19B, COND	THON FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NAME D	YES YES
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	etc.)	
OF INJURY (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.)	m. WHILE AT NOT	WHILE
22. I certify that I held an Inc	quiry Inspection Au	utopsy X and that an this bosis, deoth in my opinion
resulted from: Notural caus	ses X . Accident . Suicid	de Homicide Undetermined monner
DI	111	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	t. Vilso M.O	ASSISTANT MEDICAL EXAMINER X
SIGNATURE EXAMINER'S	M. U	ASSOCIATE MEDICAL EXAMINER
	. Wilson, M.D.	November 15, 1967
23A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY	
Burial 11/17/	/67 Western	Baltimore Manufond
	24B, NAME OF REGISTRAR	Baltimore, Maryland
24A. DATE RECOUNT HEALTH DEPT.	but E. Falley M.A.	
	and a resolution	M.F.SADOWSKI & SONS, 1808 EASTERN AV

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) November 14, 1967 RAYMOND J. MORGAN, JR. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland Raltimore (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or lacation C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Essex (2) D. STREET ADDRESS (If rural, give location) Baltimore City Hospital 213 Phillips Road is made. 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX A. PACE If Under 1 Yr. If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) Months Doys lost birthdov Male White May 10, 1926 47 Dingle 16A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE (State of foreign country) 2. CITIZEN OF WHAT COUNTRY? final disposition done during most of working lile, even if retired) Reth. Steel Co. Baltimore, Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Raymond J. Morgan, Sr. Margaret Whitehurst 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no ar unknown) (II yes, give war ar dates at service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 217 20 5260 Yes WWIL Raymond J. Morgan Sr. Same CAUSE OF DEATH INTERVAL BETWEEN OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the remains UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct facation) MEDICAL DEATH (notify medical examiner) etc. obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) oftended the deceased from that (1) (we) last saw the deceased alive an. and that in(my) (aur) apinian death accurred an the dote and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. must 23A, SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Phys. Director Phy s. approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specily) Burial Holly Hill Memorial Gardens Ba 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR ADDRESS Bruzdzinski Funeral Home 1407 VS 150-REV. 1/1/65

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FULL NAME OF (If not in hospital or institution, give sheet oddess or location)  NSTITUTION  219 MALLOW HILL ROAD  BALT' MORE MD 2/29  S. SEX O.RACE MONTON DIVORCED (Specify)  10A. USUAL OCCUPATION (Give kind of work) 10B, RIND OF BUSINESS OR INDUSTRY 11. BIRTHACE (Side or foreign country)  WHAT COUNTRY?  WHAT COUNTRY?  112. FATHER'S NAME  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. WAS DECREASED First in U. S. Amed Forces?  117. INFORMANT  118. OCCUPATION (Give kind of work) 10B, RIND OF BUSINESS OR INDUSTRY 11. BIRTHACE (Side or foreign country)  WHAT COUNTRY?  WHAT COUNTRY?	Type of Print   PAMMON   ELEANOR,   2.0 ME AND HOUR OF DATH  3. FLACE OF DEATH IN BALTIMORE, MARYLAND  3. FLACE OF DEATH IN BALTIMORE, MARYLAND  FULL NAME OF Iff not in hospital or institution, give steet MOSPITAL OR Odderso or location   No. STATUTION   C. CITY OF TOWN   C. CITY O
I. NAME OF DECEASED   A COLOR   A COLOR   A COLOR   A COLOR   A COLOR	Type of Print   PAMMON   ELEANOR, DOUBLE   BERLY   PAMMON   BLEANOR, DOUBLE   BERLY   PAMMON   BLEANOR, DOUBLE   BERLY   PAMMON   BLEANOR, DOUBLE   BERLY   PAMMON   BLEANOR   A STATE   S. COUNTY   S
A. FLACE OF CONDITION DIRECTLY LEADING TO DEATH  (This deas not mean the mode of dying, e.g., the of individual projection of the down course of course of the down course of country)  A. STATE DEFECTION OF THE SECRET OF CONDITION DIRECTLY LEADING TO DEATH  (This deas not mean the mode of dying, e.g., the of individual projection of the down course of country)  ANTECEDENT CAUSES  DISEASE OR CONDITION S. I.  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING insert of the down course of th	S. FLACE OF DEATH IN BATIMORE, MARILAND  FULL NAME OF (If not in hospital or institution, give sheet hospital or oddress or locolon)  INSTITUTION  2.19 MALLOW HILL ROAD  BALT' MORE M. 2/229  S. SEX ORACE  MOOWED, INVERTMARKED MOOWED, INVESTMARKED MOOWED, INVESTMENT ORDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING MOOWED, INVESTMENT OR CAUSES OF DEATH?  DISEASE OR CONDITIONS CONTRIBUTING MOOWED, INVESTMARKED MOOWED, INVESTMENT OR CAUSES OF DEATH?  DISEASE OR CONDITIONS CONTRIBUTING MOOWED, INVESTMARKED MOOWED, INVESTMENT OR CAUSES OF DEATH?  DISEASE OR CONDITIONS CONTRIBUTING MOOWED, INVESTMARKED MOOWED, INVESTMA
FULL NAME OF (If not in hospital or institution, give sheet oddess or location)  NSTITUTION  219 MALLOW HILL ROAD  BALT' MORE MD 2/29  S. SEX O.RACE MONTON DIVORCED (Specify)  10A. USUAL OCCUPATION (Give kind of work) 10B, RIND OF BUSINESS OR INDUSTRY 11. BIRTHACE (Side or foreign country)  WHAT COUNTRY?  WHAT COUNTRY?  112. FATHER'S NAME  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  115. WAS DECREASED First in U. S. Amed Forces?  117. INFORMANT  118. OCCUPATION (Give kind of work) 10B, RIND OF BUSINESS OR INDUSTRY 11. BIRTHACE (Side or foreign country)  WHAT COUNTRY?  WHAT COUNTRY?	FULL NAME OF (If not in hospital or institution, give street oddiess or location)  14 MALLOW HILL ROAD  BALT' MORE MD 21229  5. SEK ORACE D. MARRIED, NEVER MARRIED D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD  S. SEK ORACE D. MARRIED, NEVER MARRIED D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  219 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  210 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  210 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  210 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  210 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  211 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  212 MALLOW HILL ROAD D. STEET RADRESS (If rod, give location)  213 NATHER NAME  14. MOTHERS MAIDEN NAME  15. NINDAMANT  SECURITY NO.  15. NINDAMANT  SECURITY NO.  16. SOCIAL  SECURITY NO.  16. SOCIAL  SECURITY NO.  17. NINDAMANT  SECURITY NO.  18. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  INTERVAL SETWENN
BALT' MORE MD 2/29  S. SEX  S. RACE  TO MARIED, NEVER MARRIED MOOWED, DIVORCED (specify)  S. DATE OF BIRTH  J. S. AGE (II ruot), give location)  2/19 MALLOW HI'LL ROAD)  S. SEX  S. RACE  TO MOOWED, DIVORCED (specify)  S. DATE OF BIRTH  J. S	BALT' MO RE MD 2/29  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED MDOWED, DIVORCED (specify)  8. JATO F BIRTH JOA USUAL OCCUPATION (Give kind of work) 108, kind of wor
BALT' MORE MD 2/29  S. SEX  S. RACE  TO MARIED, NEVER MARRIED MOOWED, DIVORCED (specify)  S. DATE OF BIRTH  J. S. AGE (II ruot), give location)  2/19 MALLOW HI'LL ROAD)  S. SEX  S. RACE  TO MOOWED, DIVORCED (specify)  S. DATE OF BIRTH  J. S	BALT' MO RE MD 2/29  5. SEX  6. RACE  7. MARRIED, NEVER MARRIED MDOWED, DIVORCED (specify)  8. JATO F BIRTH JOA USUAL OCCUPATION (Give kind of work) 108, kind of wor
BALT' MO RE M.) 2/229  D. STREET ADDRESS (II rorl, give location)  2/19 MALLOW HILL ZORD +2/22  5. SEK  S. RACE  7. MARRED, NEVER MARRED MIDOWED, DIVORCED (specify)  8. DATE OF BIRTH  9. AGE (in years)  Months; Doys Hours Midow Months; Doys Hours Midow downing life, even if rating)  10. USUAL OCCUPATION (Give kind of work) [08, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country)  11. BIRTHFLACE (State or foreign country)  12. CITIZEN OF  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U. S. Ammed Forces?  15. Was Deceased Ever in U. S. Ammed Forces?  16. SOCIAL  17. INFORMANT  18. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  18. S. I  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  18. S. I  CAUSE OF DEATH  18. S. I  CAUSE OF DEATH  19. ACCIDENT WAS Understand to Make deceding to the disease, injury or complication which caused death.)  ANTECEVAL BETWEEN ONSET AND CONTRIBUTING  10. THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITIONS, if any, giving itse to the above cause (A) stoling the UNDERLYING CONDITION CAUSING IT.  198. DOLE TO  198. CONTRIBUTING  107. THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  198. CONTRIBUTING  107. THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  198. CONTRIBUTING  108. CONTRIBUTING  109. CONTRIBUTING  109. CONTRIBUTING CONDITION CAUSING IT.  198. CONTRIBUTING CONDITION CAUSING IT.  198. CONTRIBUTING CONDITION CAUSING IT.  198. CONTRIBUTING CONTRIBUTING  100 CONTRIBUTING CONDITION CAUSING IT.  198. CONTRIBUTING CONDITION COURSE DID CONTRIBUTING COURSE CONTRIBUTING COURSE CONTRIBUTING COURSE CONTRIBUTING CONTRIBUTING CONTRIBUTING COURSE CONTRIBUTING COURSE CONTRIBUTING COU	BALT! MORE MID 2/229  D. STREET ADDRESS (If truck, give location)  2 19 MALLOW HILL ROAD + 2/122  S. SEX  S. RACE  F. MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify)  B. J. 5 / 1899  S. J. 5 / 1899  S. DATE OF BIRTH  Months S. DATE OF BIRTH  S. DATE OF BIRTH  S
S. SEX    S. RACE	S. SEX    6. RACE   7. MARRIED, NEVER MARRIED   8. DATE OF BIRTH   7. AGE (In years   16 Inder 1 71.   16 Under 24 Hr.   16 Under 24 Hr.   17   18   18   18   18   18   18   18
Months   Doys   Hours   Mind   Months   Months   Doys   Hours   Mind   Months   Months   Mind   Months   Months   Mind   Months   Months   Mind   Months   Months   Months   Months   Months   Months   Months   Mind   Months   Months   Mind   Months   Mind   Months   Mind	10. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. PATHERS NAME   14. MOTHERS MAIDEN NAME   14. MOTHERS MAIDEN NAME   15. WOS Deceased Ever in U, S. Amed Forces?   16. SOCIAL   17. INFORMANT   17. INFORMANT   18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   18. DISEASE OR CONDITION She die death, head foliure, osthenic, etc. (It meens the disease, injury or complication which caused death,)   18. DISEASE OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Stoling the UNDERLYING CONDITION Stoling the UNDERLYING CONDITION Stoling the UNDERLYING CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   18. CONTRIBUTING   218. PLACE OF INJURY (e.g., in or obout 21. C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?)   218. PLACE OF INJURY (e.g., in or obout 21. C. WHERE DID OR CONTRIBUTING CONTRIBUTING CAUSES OF DEATH?)   218. PLACE OF INJURY (e.g., in or obout 21. C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?)   218. PLACE OF INJURY (e.g., in or obout 21. C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?)   218. PLACE OF INJURY (e.g., in or obout 21. C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?
10A. USUAL OCCUPATION (Give kind of work) (Bit, kind of Business or Industry   11. Birthplace (Stole or foreign country)   12. CHIZEN OF Great Of Management of working life, seen if relieved)   12. FATHERS NAME   13. FATHERS NAME   14. MOTHERS MAIDEN NAME   15. Was Deceased Ever in U. S. Amed Forces?   16. SOCIAL SECURITY NO.   17. Informant   17. Informant   17. Informant   18.   18.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.	10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY  11. BRTHPLACE (Stole or foreign country)  12. CITIZEN OF  WHAT COUNTRY?  WHAT COUNTRY.  WHAT COUNTRY?  WHAT C
13. FATHERS NAME  10. FINAL DARBY  11. MOTHERS MAIDEN NAME  12. MOTHERS MAIDEN NAME  13. WOS Deceased Ever in U. S. Armed Forces?  15. WOS Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. SOCIAL CAUSE OF DEATH  INTERVAL BETWEEN ONSET AND DEATH  (This does not mean the made of dying, e.g., head folium, esthemic, etc. If means the disease, injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, if any, giving isse to the above cause (A) stoling the UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING!  OF INJURY OF OPERATION  19. ACCIDENT WAS UNDERLYING OALSES OF DEATH?  21. ACCIDENT WAS UNDERLYING OALSES OF DEATH?  21. ACCIDENT WAS UNDERLYING OF INJURY (e.g., in or obout 21 C. WHERE DID NOT RELATED TO THE DEATH and the more causing of the complete of the politic of the complete of the politic of the politic of the complete of the politic of the politic of the complete of the politic of th	13. FATHERS NAME  13. FATHERS NAME  14. MOTHERS MAIDEN NAME  15. Was Deceased Ever in U. S. Amed Forces?  (Yes, no or unknown) (Iff yes, give wor of doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart foliute, ostherio, elc. If means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION Social  OTHER SIGNIFICANT CONDITION Social  ON CONTRIBUTING  ON CONTRIBUTING  ON CONTRIBUTION SOCIAL  ON CONT
13. FATHERS NAME  10. HOW DARBY  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  GEORGE HEMILION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., head foliure, ostherio, etc. if means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SOURCE TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SOURCE TO THE DISEASE OR CONDITION CAUSING IT.  10. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONTRIBUTING CAUSE OF DEATH?  11. INFORMANT  CAUSE OF DEATH  (A) CARCINO MAR CECOLON A YMO DISEASE OR CONDITION SOURCE TO THE DISEASE OR CONDITION CAUSING IT.  (B) METALS TABLE TO THE SIGNIFICANT CONDITION SOURCE TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  12. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONTRIBUTING CAUSE OF DEATH?  13. INFORMANT  CAUSE OF DEATH  (C) WITH A COLOR TO THE DISEASE OR CONDITION FOR WHICH OPERATION PART (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  13. INFORMANT  CAUSE OF DEATH  (C) WITH A COLOR TO THE DISEASE OR CONDITION FOR WHICH OPERATION PART (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  14. MOTHER'S MADE TO THE SECURITY NO. THE DISEASE OR CONDITION ON THE SECURITY NO. THE SECURIT	13. PATHERS NAME  10. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  GEORGE HERMINONN  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18. 15. 3  18.
15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  18. SOCIAL SECURITY NO.  19. CAUSE OF DEATH  (This does not mean the made of dying, e.g., heart follure, osthenic, etc., injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTION WAS PERFORMED  19. A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office blidgy, (APPROX.)  216. HOW DID INJURY OCCUR?  While AI Work AI Work AI Work AI Work  217. INFORMANT  SECURITY NO.  218. FLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office blidgy, (APPROX.)	15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (Iff yes, give wor or doles of service)  18. Solidate of DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart follows, costherio, etc., if means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITION CONTRIBUTING DISEASE OR CONDITION RELATED TO THE DISEASE OR CONDITION AND RELATED TO THE DISEASE OR CONDITION CAUSES OF DEATH?  19. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION WAS PERFORMED 21.8. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSES OF DEATH?  21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CON
Yes, no or unknown  (If yes, give wor or doles of service)   SECURITY NO.   GEORGE HAMINON D. LUSBAND.	18.   Sale   CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, asthenia, etc., if means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION to the above cause (A) stating the UNDERLYING CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING DISEASE OR CONDITION TO RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONDITION CONTRIBU	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, osthenic, etc., in means the disease, injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., injury OCCUR?
ONSET AND DEATH  (This does not mean the made of dying, e.g., heori foilure, osthenio, etc. if means the disease, injury or complicion which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COURSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING COURSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING COURSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING COURSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID CONTRIBUTING COURSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID COURSE OF DEATH?  While A1 Work	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart follow, ostherio, etc. if means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DISEASE OR CONDITION CONTRIBUTING THE DISEASE OR CONDITION FOR WHICH OPERATION  PA. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR WHICH OPERATION or obout 21C. WHERE DID home, form, foctory, street, office bldg., injury OCCUR?  BOTH TO THE DEATH CONDITIONS CONTRIBUTING OR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION or obout 21C. WHERE DID home, form, foctory, street, office bldg., injury OCCUR?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION Solving the UNDERLYING CONDITION Solving to the Disease or Conditions Contributing TO THE Disease or Condition Causing it.  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 121C. WHERE DID (If in Boltimore City, give exact locohon) home, form, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Work At Work	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION to ast.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH?
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DUE TO  DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stoting the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING home, form, foctory, street, office bldg., INJURY OCCUR?  OF INJURY (APPROX.)  ON CONTRIBUTING (Month) (Doy) (Year) (How) 21E. INJURY OCCURRED While At Work At Work At Work At Work	DUE TO  DISEASES OR CONDITIONS, if any, giving ise to the above couse (A) stoling the (C)  UN DERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Location of Contributing Cause Of Death (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
Tise to the above couse (A) stoting the (C)  UNDERLYING CONDITION last.    OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEASE OR CONDITION CAUSING IT.    19A.DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    21A.ACCIDENT WAS UNDERLYING   21B.PLACE OF INJURY (e.g., in or obout   21C. WHERE DID   10c. WHERE D	rise to the above couse (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID OR CONTRIBUTING CAUSE OF DEATH?  DEATH (notify medical examiner)  19B. CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSES OF DEATH?
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	(APPROX.)  While At Not While At Work
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	1 1 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
that (1), (we) last saw the deceased clive an NOVEHBER 131967 and that In (my) (and apinion death accurred on the	23A. SIGNATURE
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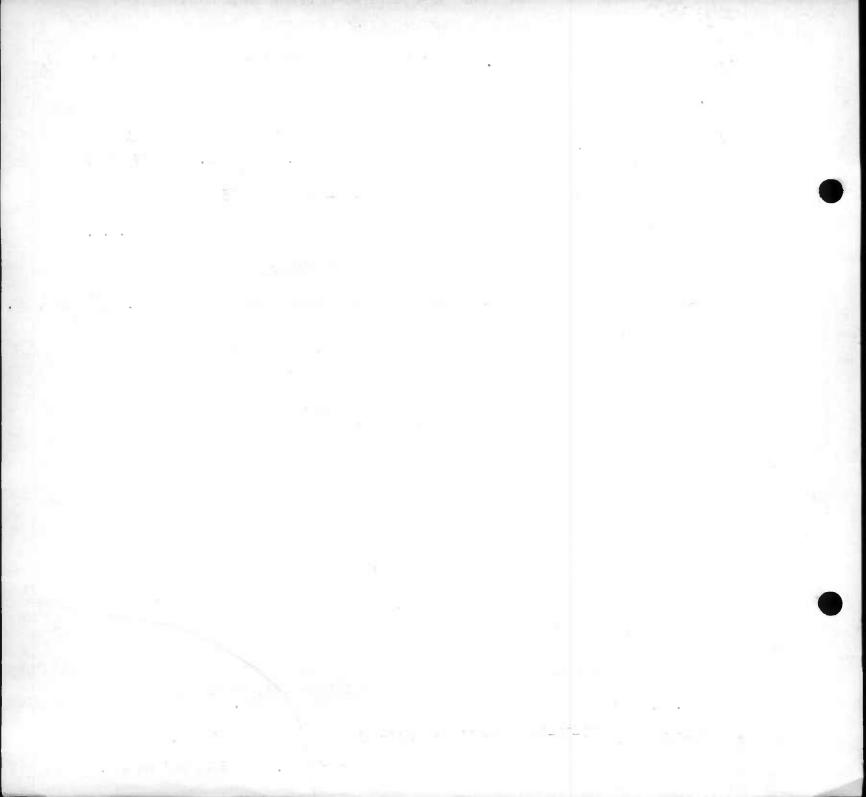
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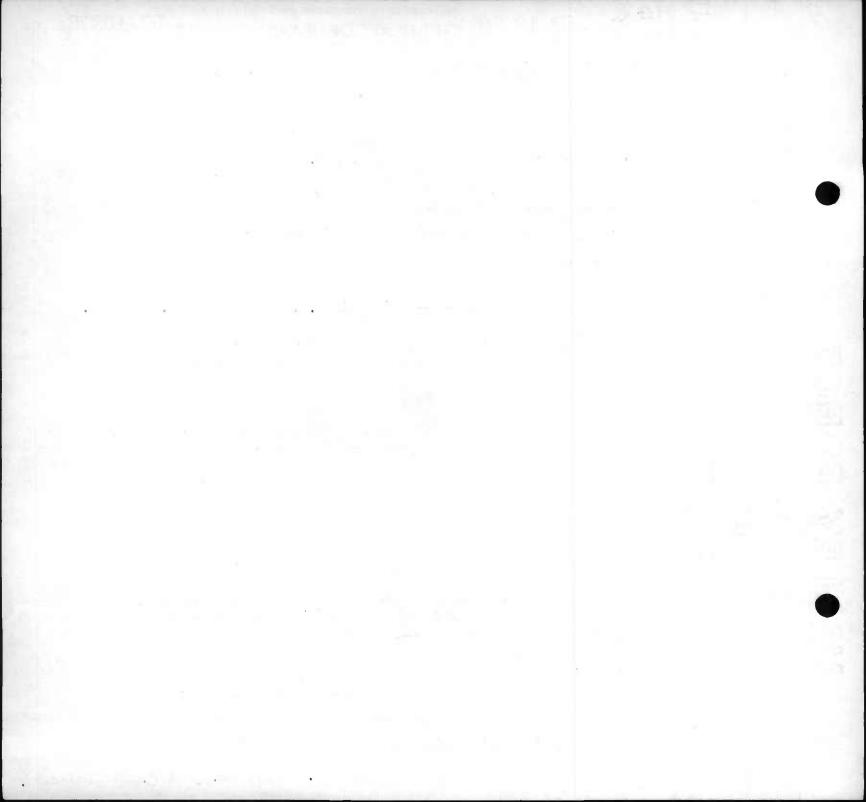
BIRTH NO.	MEDI	CAL EX	AMINER'S CI	ERTIFICA	TE OF I	DEATH Register	red No
M.E. CASE NO.							
1. NAME OF DE		ivian N JOHNSO	N			ber 13, 1967	
3. PLACE IN BAL	TIMORE, MARYLAND, W			A. STATE Ma	ryland	B. COU	
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	TON, GIVE SIKEET	Ва	ltimore	1	RURAL and give township)
	nklin Square	Hospital	(DOA)	D. STREET ADD		arey Street	
5. SEX Female	6. RACE Negro	WIDO WED, DI	VEVER MARRIED  IVORCED(specify)  ried	Nov. 3,		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
toA, USUAL OCC done during most of HOUSEW	UPATION (Give kind of work working life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	Philade	(Stote or foreign	Penna.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAM	A E			14. MOTHER'S N	ALDEN NAM	E	
Jack Ge	ter			Mildred	Langfo	rd	
	D EVER IN U.S. ARMED )(If yes, give wor or dote		6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
(This does heart foilure injury or co injury or co DISEASES RISE TO THUN DERLY!)  OTHER SIG TO THE DISEASE OUTSEASE OUTS	SE OR CONDITION DIL LEADING TO DEATH not mean the made of , osthenio, etc. It means mplicotion which coused ANTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) SI NG CONDITION LAST.  II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING F OPERATION 19B. CON WAS PER	dying, e.g., the disease, death.)  NY, GIVING FATING THE  CONTRIBUTING LATED TO THE SIT.  DITION FOR W	(A) Right I	of DEATH pneumonia metamorph	osis of		INTERVAL BETWEEN ONSET AND DEATH  POINGS CONSIDERED ES OF DEATH?
UTING CAL	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21B. Phome, etc.)	LACE OF INJURY (e.g., i form, foctory, street, o	in or obout 21 C. V	WHERE DID Y OCCUR?	(If in Baltimore City, giv	ve exact location)
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	URE Charles	J. Sac	cident Suicide	e Homic	ide U NEDICAL EX NEDICAL EX	AMINER X	
23A, BURIAL CRE REMOVAL (Specific Burial	MATION, 23B DATE		NAME OF CEMETERY O			ocation (City,	town, or county) (Stote)
	NOV 1 6 1967	24B, NAME O	F REGISTRAR - E FalkyMA	To the management			ADDRESS N. Broad St., Phila. Pa

EXTRIPORT, STATE OF THE STATE O 

	AME OF DECI	ASED			2. DATE	AND HOUR OF DEATH	Н	
		Veems, Fran		(Fannie)	11/	14/67	241s41	1:15 p
J. F	PLACE OF DEA	TH IN BALTIMORE, MA	KILAND		A. STATE B. CO	OUNTY	in stitution:	residence before odm
	FULL NAME O			give street	Maryland			
1	HOSPITAL OR	oddress or locatio			C. CITY OR TOWN (I	/	RURAL	d-give township
		City Hospit	tals		Baltimore D. STREET ADDRESS	(If rural, give location)		
		ern Ave.				North Ave. #	מרכוכ	007
5. S		Maryland		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Und	ei 1 Yr. If Under 2
				DIVORCED (specify)	3 00 00	lost birthdoy)	Months	Doys Hours A
10A	Female USUAL OCCU	Negro	Wido	WEQ BUSINESS OR INDUST	1-22-92 RY 11. BIRTHPLACE (State or	foreign country)	12. CIT	IZEN OF
done	e during most of v	vorking life, even if retired)					WH	HAT COUNTRY?
	Housewii				Maryland  14. MOTHERS MAIDEN	NAME	J	J.S.A.
1.3.	LYINEK? MAN	16			I-A. MOTHER'S MAIDEN	ITOM'S		
	Irvin 7	obby			Lydia Baker	•		
15. Yes	Wos Deceased	(If yes, give wor or dat	es of service)	SECURITY NO.	17. INFORMANT		#	# 21224
	No		220	30-3486A	BCH: Records	4940 Easter		
	1B. 151	X		CAUSE	OF DEATH			INTERVAL BETWEEN
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MEDICAL CERTIFIC	DISEASES OF THE DISEASE OR THE DISEA	ANTECEDENT CAUSE:  R CONDITIONS, il abave couse (A) CONDITION last.  FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CONWAS PEINGTING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that (1) (this haspital last saw the decease of the causes store the couses store the couses store the causes store the cause store the causes store the causes store the cause store the c	any, giving slating the CONTRIBUTING ATED TO TH IT.  ATED TO TH IT.  PREPARED  21B. hometc.  (Hour) 21E. Whi Wo.  attended the an	DUE TOO  (C)  GE WHICH OPERATION  PLACE OF INJURY (e.g. te, form, foctory, street, or the deceased from the deceased fro	20A. AUTOPSY? (Yes of YES)  Thile   21F. How DID    Th	INJURY OCCUR?  IN Stoff Phys.   Ave. Baltim	E FINDING: AUSES OF ORE City, gi	s CONSIDERED YES DEATH? YES ve exect locotion)  TMBER 19 oth accurred an the signed  NOVEMBER  Maryland #2 or county) (S
MEDICAL CERTIFIC	DISEASES OF TISE IN TO THE DISEASE OR TO THE DIS	ANTECEDENT CAUSE:  R CONDITIONS, il abave couse (A) CONDITION last.  FICANT CONDITIONS (BATH BUT NOT RELCONDITION CAUSING OPERATION 19B. COWAS PEI  IT WAS UNDERLYING TING CAUSE OF medical examiner)  (Month) (Day) (Year)  that (1) (this haspite last saw the decease from the causes store of the causes of the cause of the causes of the cause of the causes of the cause of the c	any, giving slating the CONTRIBUTING ATED TO THIS INDITION FOR WERFORMED  218. hometc.)  (Hour) 21E. Whiyou attended the dalive an attended the dalive and attended the dalive and attended above.	DUE Tad  (C)  GE  WHICH OPERATION  PLACE OF INJURY (e.g. form, foctory, street, or he deceased from the deceased from th	20A. AUTOPSY? (Yes of YES)  Thile   21F. How DID    Th	INJURY OCCUR?  IN Stoff Phys. Stoff Ave. Baltimore  Baltimore	E FINDING: AUSES OF ORE City, gi	s CONSIDERED YES DEATH? YES ve exect locotion)  TMBER 19 ath accurred an the signed  NOVEMBER  Maryland #2 or county) (S



I	-346	BALTIMORE CIT	Y HEALTH DEPARTMEN	T	
BIRTH	No. 6/ 10	979 CERTIFICA	TE OF DEAT	H Registered No.	67 10979
1.NA	CASE NO.  ME OF DECEASED  or Print)  Christina Mania	Fiedler		A A A A A A A A A A A A A A A A A A A	2 3
3. PL	or Print) Christine Marie ACE OF DEATH IN BALTIMORE, MARYLAN	D -	4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution; residence before odmis
ELI	JLL NAME OF (If not in hospital or insti	tution gue about	Maryland B. C	COUNTY	
HC	SPITAL OR oddress or locotion)	ionon, give sneer	1	(If outside city limits, write	RUBAL and give township)
	00		Baltimor	e	10-0-
	133 N. Rose Street		D. STREET ADDRESS 133 N. Ro.	(If rurol, give location)	
5. SE)		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last bighday)	If Under 1 Yr., If Under 24 Months Days Hours M
	T III	rried	9/27/102	65	10013
	USUAL OCCUPATION (Give kind of work 10 8, KI	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
		urrough Brothers	Baltimore,	Maryland	USA
13. FA	ledicine Filler Bu		14. MOTHER'S MAIDEN	NAME	
	Charles William Kec	ken	Mary Barba	ra Lutz	
15. W	os Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL	17. INFORMANT	0	ADDRESS
N	1		A John FX	Fiedler 122 /	V ROAD St
	B. 1750	CAUSE	OF DEATH	Fiedler 133/	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) C'C	a - ovary-	c herresons,	2
	This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	, e.g., DUE TO	./4	C heinerosi	
	injury or complication which coused death.			/	
	ANTECEDENT CAUSES	(8)	் இவர் இவர்கில் இருந்திருக்கு இருந்து இரு		
	DISEASES OR CONDITIONS, if ony,	giving			
	rise to the obove couse (A) stotin UNDERLYING CONDITION lost,	g the (C)		00 00 00 00 00 00 00 00 00 00 00 00 00	
	11				
$\geq$	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED				
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	
ERTIFIC	WAS PERFORME				AUSES OF DEATH?
0 2	TA. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	21& PLACE OF INJURY (e.g., home, form, factory, street,	in or obout 21 C. WHERE D	ID (If in Baltimo	re City, give exact location)
	DEATH (notify medical examinet)	etc.)	omes blags, INJORI OCCU	n.	
0 2	TD. TIME (Month) (Doy) (Year) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?	
) > I	APPROXI	While At Not Wh			
				10 CT AI-	0/ /2
	2. I certify that (I) (this hospital) atte	nded the deceased from			72 19 6
t	hat (1) (we) lost sow the deceased aliv	re on Sept 22	196 / 01	nd that in (my) (our) op	inion death occurred on the
1 1	and hour and fram the couses stated ob	ove. (I) (We) (did) (did-not)	view the bady ofter de	oth.	
2:	3A. SIGNATURE	2			238, DATE SIGNED
	Of Leen or	M.D. AI	ys. Med. Director	Stoff Phys.	NOV 13-67
2	3C. PHYSICIAN'S NAME (Type) Flei SCA KA	2	23D. ADDRESS	BALTIL	SRP SL
24A.	BURIAL CREMATION, 248. DATE	M.D. 24C. NAME of CEMETERY of C			city, town, or county) (Sto
	REMOVAL (Specify)				
25A	Burial 11/15/67 DATE REC'D BY HEALTH DEPT. 258, N	Holy Redeemen	Cemetery 1	Baltimore, Mo	ingland Appers
ZJM.	NOV 1 8 1087 A P	O ZA O	23C. PUNERAL DIRE	CIOK	ADDRESS
	To 1301 Up Carlo	E, FarberMA	John A. Mo	ran, Inc. 3000	O E. Baltimore
VS 15	50-REV. 1/1/65			3	



	5-52	26	0 PW . A	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 10980		
	H NO.		57 10	980 CERTIFICA	TE OF DEATH	Registered Na.	G4, 3,0000		
1. N	AME OF DECI	EASED		MACHER	2. DATE	and hour of Death ember 14,	1967 7:00 Am.		
F	FULL NAME OF DEAD OF THE PROPERTY OF THE PROPE	oddress or lo	pital or instituti cation)		A. STATE B. COL MARY LAN'  C. CITY OR TOWN (III of BALT' MOR D. STREET ADDRESS (	D  putside city limits, write f  G  If rural, give location)	RURAL and give township)		
s. s	EX	6. RACE	WIDO	WED, DIVORCED (specify)	8. DATE OF BIRTH 11-06-90	9. AGE (In years lost birthdoy)	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.		
	during most of v	JPATION (Give kind of working life, even if reti EWIFE	f work 10B, KINT		T _a		12. CITIZEN OF WHAT COUNTRY?  AMERICAN		
13. FATHERS NAME WILLIAM M. BUSH					14. MOTHER'S MAIDEN NAME WINIFRED C. WELSH				
15. 1 (Yes	Wos Deceosed	Ever in U. S. Arme	d Forces?	16, SOCIAL	17. INFORMANT		ADDRESS		
	No	in yes, give war or	00103 01 30171	&xxx	HARSARET A.	KIDD .	7842 Beleir Rd R		
ATION	(This does not heart failure, injury or came of the control of the	asthenia, etc. 11 m plication which co ANTECEDENT CAI OR CONDITIONS, a above cause G CONDITION last    1	ATH  a al dying, eans the dise used death.)  USES  il any, gi (A) stating  I.  NS CONTRIBU RELATED TO NG IT.	e.g., ase,  (B) HYPP  DUE TO  ving The (C)	ERTENSI'UE	EARDIOVASCULI	HR DISEASE		
CERTIFIC	19A. DATE OF			OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
	OR CONTRIBU	TING CAUSE OF medical examines	NG 🗌	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in all about 21 C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltimore	e Cily, give exact location)		
MEDICAL	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (	Yeoi) (Hour)		ile 🖳	NJURY OCCUR?			
244	that (I) (we) and haur and 23A, SIGNATU 23C. PHYSICIA NAME (T Miguel	lash sow the dec	A UNIAL RESIDENCE (Where decessed lived. If fastivation residence before offerestable)  A STATE R. COUNTY  HARY LAND  C. CITY OR TOWN Iff ourside city limits, write RUBAL god view formation)  BALT! HOSP! TAL  D. STREET ADDRESS (III mod), yet election)  WOOWD, DIVORCED (specify)  WOODD, DIVORCED (specify)  III - OG - 90  So AGE (III year)  III Under 24 HTS.  MORRES NEVER MARRIED  WOODD, DIVORCED (specify)  III. MOTHER'S MAIDEN NAME  U. (NIFRED C. WELL SH  AMERICAN  III. MOTHER'S MAIDEN NAME  U. (NIFRED C. WELL SH  ON DIRECTLY  SECURITY NO.  MARRIAGE TA. KIDD 73Y2 Belavir Role  ON DIRECTLY  EATH  ON DIRECTLY  BALT: MORE STORMANDED  III. MOTHER'S MAIDEN NAME  U. (NIFRED C. WELL SH  ON DIRECTLY  SECURITY NO.  MARRIAGE TA. KIDD 73Y2 Belavir Role  ON DIRECTLY  BALT: MORE STORMANDED  III. MOTHER'S MAIDEN NAME  U. (NIFRED C. WELL SH  ON DIRECTLY  BALT: MORE STORMANDED  III. MOTHER'S MAIDEN NAME  U. (NIFRED C. WELL SH  ON DIRECTLY  SECURITY NO.  MARRIAGE TA. KIDD 73Y2 Belavir Role  ON DIRECTLY  BALT: MORE STORMANDED  III. MOTHER'S MAIDEN NAME  U. (NIFRED C. WELL SH  ON DIRECTLY  SECURITY NO.  MARRIAGE TA. KIDD 73Y2 Belavir Role  ON DIRECTLY  BALT: MORE STORMANDED  III. SECURITY NO.  MARRIAGE TA. KIDD 73Y2 Belavir Role  ON DIRECTLY  SECURITY NO.  MARRIAGE TA. KIDD 73Y2 Belavir Role  ON DIRECTLY  BALT: MORE STORMANDED  III. SECURITY NO.  MARRIAGE TO THE STORMANDED  ON DIRECTLY  III. Under 24 HTS.  MORE STORMANDED  III. SECURITY NO.  MARRIAGE STORMANDED  III. SERVER STORMANDED  III. SERVER STORMANDED  ON DIRECTLY  III. SERVER STORMANDED  III. SERVER STORMANDED  III. SERVER STORMANDED  III. SERVER STORMANDED  ON DIRECTLY  III. SERVER STORMANDED  III. SERVER STORMANDED  III. SERVER STORMANDED  ON DIRECTLY  III. SERVER STORMANDED  III. SERVER STORMANDED  III. SERVER STORMANDED  ON DIRECTLY  III. SERVER STORMANDED  ON DIRECTLY  III. SERVER STORMANDED  ON DIRECTLY  III. SERVER STORMANDED  III. SERVER STORMANDE						
	Burial	BY HEALTH DEPT.	16/167 258. NA	New Cathedral ME OF REGISTRAR		altimore, Mo			
V/6	NUV 1		obort 8	, Farley MA	John A. Mon	an, Inc. 3000	E. Baltimore		

WORKW

DATE WENT WHEN HOSPITAL

House wife

WILLIAM M. BUSH

BHOKITURE

701 E 32 4 STreet

11-06-90 77

MARYLAND HELPINE

WINIPPED C. WELSH

MINISTER P. MIDD. THYL Belleville R.

Cerebral Hemombaca

HYPERTERSIVE CARBIOUSCULING DISEASE

November 17 --I TERMEDUOU Vivewber 14 67

VIDER HERRICHIAL HOSPITAL

Abremin Will

Such

prior to death.

a hospital and

				BALTIMORE CITY	HEALTH DEPARTMENT		C1101			
BIR	TH NO.	65	7 10981	CERTIFICA	TE OF DEATH	Registered Na	-67.1	0981		
	E CASE NO.		10001	OLICI III IO		AND HOUR OF DEATH				
	ne or Print)		DENIALIAN	CTALL	11-		3:1	0		
		ATH IN BALTIMORE, M	PENNIN	GION		here deceased lived, If in:		-		
	FULL NAME C		l or institution, give :	street	MARYLAN	J D				
HOSPITAL OR oddress or locotion) INSTITUTION					C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)					
1	+4				BALTIMO	RE (If rurol, give location)		A.		
	UNION	MEMOR	IAL HOSI	OTAL	4906 M		VENUE			
5.	SEX	6. RACE	WIDOWED, DI	ORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours   Min.		
	MALE	NEGRO	WIDO	WED	03-17-72	95				
		UPATION (Give kind of wo working life, even if refired)		INESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COU	NTRY?		
	LABOI	RER	VARIO	35	MARYLA	U.S.	U.S.			
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN	IAME				
	SAMO	EL PENI	NINGTON		MARY 7	HOMPSON	,			
15.	Was Deceased	Ever in U. S. Armed F	orces? 16.	SOCIAL SECURITY NO.	17. INFORMANT	110111-0-10	ADDRE	SS		
	NO	in the year, give war or as			HOSPITAL	ADMISSIO	N HISTO	DRY		
-	18.	1 7 1			F DEATH	יונבוןועה	INTERVA	AL BETWEEN		
	DISEA	SE OR CONDITION D	DIRECTLY				ONSET	AND DEATH		
		LEADING TO DEATH		(A)	GASTRIC (	CARCINOMA	5+	MONTH		
		not mean the mode of osthenia, etc. It mean		DUE TO						
		mplication which couse					1.0			
		ANTECEDENT CAUSE	S	(B) DUE TO						
	DISEASES	OR CONDITIONS, if	any, giving							
		e obave cause (A G CONDITION last.	sloting the	(C)			2 9 9 2 de <b>2 4 2</b> 4 2 4 2 4 2 4 2 4 2 4 4 4 4 4 4 4			
7		П								
ATIO	TO THE D	IFICANT CONDITIONS PEATH BUT NOT REI CONDITION CAUSING	LATED TO THE							
U	19A. DATE OF	F OPERATION 198. CO	NDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE F	INDINGS CONSIDERS	DERED		
CERTIF	0				NO		7323 01 DEATH:			
ΙΙ.	OR CONTRIB	NT WAS UNDERLYING	21 B. PLA	CE OF INJURY (e.g., i rm, foctory, street, o	n or obout 21C. WHERE DID	(If in Baltimore	City, give exoct	locotion)		
CAL		y medical examiner	etc.)							
<u>-</u>	21 D. TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21E, INJ	URY OCCURRED	21 F. HOW DID INJURY OCCUR?					
ME	(APPROX.)		While A	Not Whi						
	22. I certify	that (1) (this hospit	al) attended the de			19 67 to NO	VEMBEL	14 10 67		
	22. I certify that (I) (this hospital) attended the deceased fram OCTOBER 23 19 67 to NOVEMBER 14 19 67 that (I) (we) last sow the deceased alive an NOVEMBER 14 19 67 and that in (my) (aur) apinion death occurred on the date									
					view the body ofter deat					
	23A. SIGNAT			(2.0.101)	The body strot door		238, DATE SIGNE	D		
		0 0 - 1	4	14 D AH	anding - AAad -	Acres 11-12				

Phys.

Director

23C.PHYSICIAN'S NAME (Type) ATHEY E

1967

23 D. ADDRESS M.D.

HOSPITAL MEMORIAL

24C. NAME OF CEMETERY OF CREMATORY DATE

6 25A. DATE HEALTH DEPT. 6

258. NAME OF 2 REGISTRAR TOURS 25C. FUNERAL DIRECTOR

V\$ 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B.

MARYLAND

BALTIMORE

UNION MEMORIAL HOSPITAL 4906 MIDWOOD AVENUE

MALE NEGRO WIDOWED 03-17-72 95

LABORER VARIOUS MARTLAND U.S.

SAMUEL PENNINGTON MARY THOMPSON

217-67-7230 HOSPITAL APMISSION HISTORY ON

GASTRIC CARCINOMA S+ MONTHS

OCTOBER 23 67 MOVEMBER H 67 NOVEMBER IY 67

THE THE PROPERTY OF

X 11-14-67

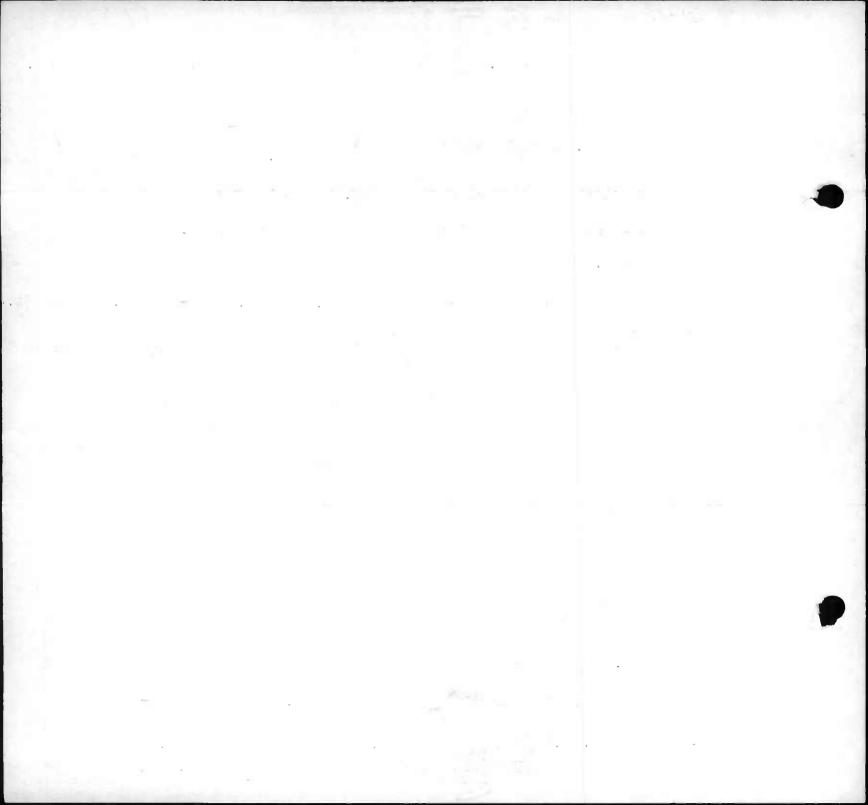
	9
	#
IMPORTANT	assistant
IMP	or his
FUNERAL DIRECTOR:	by the chief medical examiner or his assistant if de
ERAL DI	of medica
FUN	the chie
	by
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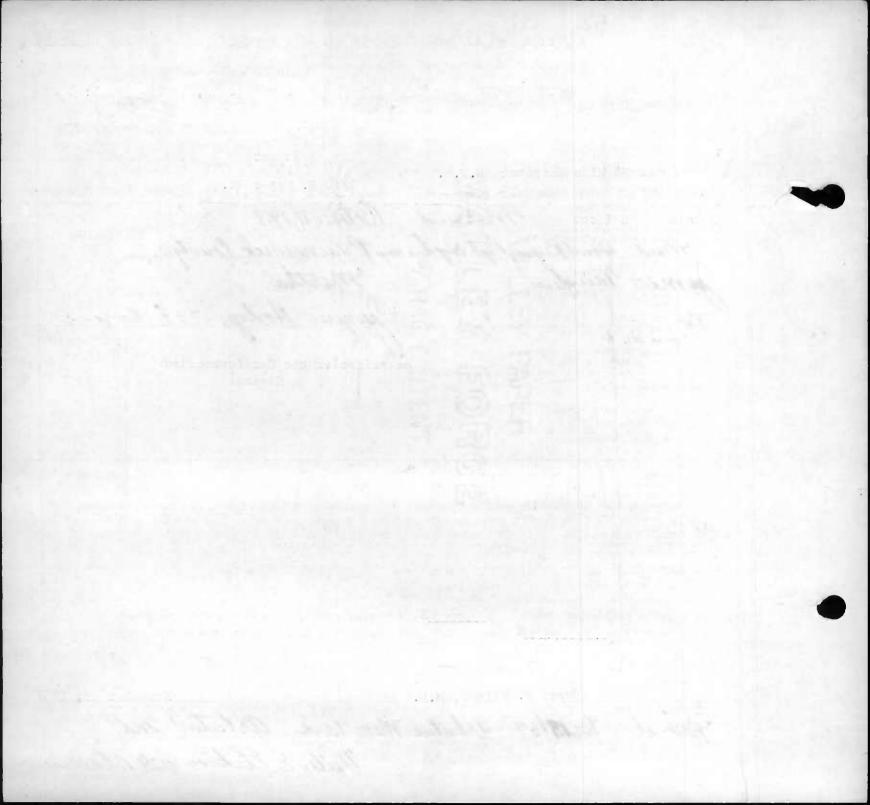
BALTIMORE CITY HEALTH DEPARTMENT 67 10982 CERTIFICATE OF DEATH Registered No. BIRTH NO. eath occurred in a hospital and or contributing cause of death (4) Undetermined cause; (5) Deceased Such M.E. CASE NO. on th I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 05 NOU. 6 death. 3. PLACE OF DEATH IN BALTIMORE MARY USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
STATE

B. COUNTY ance of Baltimore
(If autside city limits, write RURAL and give township) FULL NAME OF (If not in hospital or institution, give street C. CITY OR NOWN land HOSPITAL OR address or lacation) attend INSTITUTION 0 Himore Maryland Hospital 0 lor D. STREET ADDRESS (If rural, give lacation) Ramsay pr made. in regular 9. AGE (In years 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. Haurs Min, 6. RACE If Under 1 Yr. deceased Months Days Hours WIDOWED, DIVORCED (specify) last birthday 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) USA South Carolina Housewif Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct Samuel HICKSON he parc 100 death 00 7 kind; 15. Was Deceased Ever in U. S. Armed Farces? (Yes,na ar unknawn)(If yes, give war ar dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. attendance Medica NO any pronounced 18. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of balmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease, gular injury or camplication which caused death,) em who ANTECEDENT CAUSES DUE TO 4 are 4 DISEASES OR CONDITIONS, if ony, giving 3 rise to the above cause (A) stating the 2 physician the remains UNDERLYING CONDITION last. Was **Body burns;** 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED the 19A. DATE OF OPERATION CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NONE 23 before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? where (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF the body was released to the hospital °N DEATH (natify medical examiner) shows: (1) An accident of any nature; be obtained 21 D. TIME OF INJURY (Hour) (Month) (Day) (Year) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except While At Not While [ approve (APPROX.) and Work At Work NOU 105 AM 19 6 22. I certify that (1) (this hospital) attended the deceased from 15 Nov 1245 AND 67 10 15 death); 196 that (1) (we)-last saw the deceased alive on and that in(my) (aur) apinion death occurred on the date hospital ond haur and from the couses stated abave. (1) (We) (did) (did nat) view the body ofter death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Phys. Stoff prior to Director L approval 0 PHYSICIAN'S 23D. ADDRESS certificate at M.D. DROY was D.O.A. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION eceased REMOVAL (Specify) decease 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

THE DAY WITH

'	pe or Print)	CHARL	ES E.	DAVIS	Nove	mber 15,	1967	5	A.,
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital coddress or location	or institution, gi )			d sutside city limits, with re - 2120	ite RURAL on		issian)
	00 13	229 E. La	nvale S	Street		If rural, give location) Lanvale		t	
5.		White	7. MARRIED, I WIDOWED, Mari	DIVORCED (specify)	8. DATE OF BIRTH Feb. 7, 1892	9. AGE (In years lost birthday)	If Unde Months	er 1 Yr. tf Under 2 Doys Hours 7	4 Hrs. Win.
do	ne during most of working Tester	ng life, even if retired)		etired	Carroll Co	unty, Md.	WH	USA	
13	Joh	n A. Davi	8		14. MOTHERS MAIDEN NAME Florence Brightful				
5. Y	s, no or unknown) (If )	r in U. S. Armed Foreyes, give wor or dote: World War	s of service)	6. SOCIAL SECURITY NO. 216-10-0763	17. INFORMANT  Mrs. Helen	A.Davis-	-1229	E.Lanvale	4 Hrs. Ain.
	heart failure, asth injury or camplica	mean the made of lenia, etc. It means ation which caused ECEDENT CAUSES	the disease,	DUE TO	ich gener	alynd	8		
		CONDITIONS, if of bove cause (A) ONDITION (as).		(C)	metas	tase	>		
TIFICATION	OTHER SIGNIFICATO THE DEAT	bove cause (A) ONDITION last.  II ANT CONDITIONS CI H BUT NOT RELA ADITION CAUSING I	ONTRIBUTING TED TO THE T. DITTON FOR W		metas				
AT	OTHER SIGNIFICATO THE DEATI DISEASE OR CON 19A. DATE OF OPI	bove cause (A) ONDITION last,  II ANT CONDITIONS CI H BUT NOT RELA HOITION CAUSING I' ERATION 198, CONI WAS PERF	ONTRIBUTING TED TO THE T. DITION FOR WOORMED	(C)	nue	No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF		
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EDICAL CERTIFICATI	OTHER SIGNIFICATO THE DEATIONS OR CONTRIBUTION DEATH (Inchify med CAPPROX.)  21 D. TIME (MACOFINITY OF CONTRIBUTION)  22 D. TIME (MACOFINITY OF INJURY (APPROX.)  22. I certify that that (I) (we) loss ond bour and from 23A. SIGNATURE	bove cause (A) ONDITION (ast.  II  INT CONDITIONS C H BUT NOT RELA HOLTON CAUSING I'  ERATION 19E. CONI WAS PERF  VAS UNDERLYING G CAUSE OF dicol exominer  t (I) (this hospitol' t saw the deceose	ONTRIBUTING TENTO TO THE T. DITION FOR WORMED  (Hour) 21E, Whill Work ) ottended the	HICH OPERATION  PLACE OF INJURY (e.g., lorm, factory, street, compared to the	20A. AUTOPSY? (Yes or Wolfice bldg., INJURY OCCUR?  21F. HOW DID II  19 ond  view the body after death  Med. Director	No) 208, IF YES, WE IN CERTIFYING  (If in Boltin	ere FINDINGS CAUSES OF more City, given	s CONSIDERED DEATH?  ve exact locofion)	24 Hrs Min.
MEDICAL CERTIFICATI	OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OPI 21A. ACCIDENT VOR CONTRIBUTION DEATH (notify med of INJURY (APPROX.)  22. I certify that that (I) (we) lost ond bour and from the contribution of Injury and from the contribution of Injury (APPROX.)	bove cause (A) ONDITION last.  II ANT CONDITIONS COME BUT NOT RELANDITION CAUSING ITERATION 19B. CONIWAS PERFORM CAUSE OF dicol exominer)  It (I) (this hospital that saw the decease of the couses stated that the couse stated that the couses stated the c	ONTRIBUTING TED TO THE T. DITION FOR W ORMED  (Hour) 21E. Whill Work ) ottended the d olive on ed above. (I)	HICH OPERATION  PLACE OF INJURY (e.g., lorm, factory, street, compared to the	20A. AUTOPSY? (Yes or  20A. AUTOPSY? (Yes or  21C. WHERE DID  INJURY OCCUR?  21F. HOW DID II  19	No) 20B, IF YES, WE IN CERTIFYING  (If in Boltin  NJURY OCCUR?  19tot  that in(my) (our) in.	ere FINDINGS CAUSES OF mare City, given	s CONSIDERED DEATH?  ve exact locotion)  19  oth occurred on the	The date





## eath occurred in a hospital and or contributing cause of death (4) Undetermined cause; (5) Deceased IMPORTANT or his Also, the chief medical examiner FUNERAL DIRECTOR: Body to the hospital by approved by

any

fracture of

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burns;

(2)

any nature;

(1) An accident of

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certificate must

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. 2. PATE AND HOUR OF DEATH (Type or Print) ПО death. 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where deceased lived, A. STATE 8. COUNTY attendance FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) sitside city limits, write RURAL and give township) INSTITUTION 10 prior is made. regular 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys Il Under 24 Hrs. deceased Hours WIDOWED, DIVORCED (specify) lost birthdoy mary 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR foreign country. 12. CITIZEN OF WHAJ COUNTRY? disposition = Was 14. MOTHER'S MAIDEN NAME the 13. FATHERS NAME death no 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) ADDRESS 6. SOCIAL final SECURITY NO. attendance CAUSE OF INTERVAL BETWEEN pronounced 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This daes not mean the made of dying, e.g., DUE TO heart lailure, asthenia, etc. It means the disease, ular injury or complication which caused death.) ANTECEDENT CAUSES (B) who regi are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the 2 physician UNDERLYING CONDITION last. before the remains MOS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) the where 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF No. DEATH (notily medical examiner) MEDIC, be obtained 21 D. TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 9 OF INJURY (except While At Not While (APPROX.) At Work Work and 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive on and that in (my) Your) apinion death accurred on the date eath) hospital and hour and from the causes stated abave (4) (We) (did) (did nat) view the bady/after death. must 23A. SIGNATURE 23B. DATE SIGNED O Stoff Attendin Med. Director M.D. 0 Phys. Phys. approval 0 prior 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) G. D. Kington M.D 848 Harlem Ave. 21 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY AL CREMATORY 24D. LOCATION was D.O./ deceased written a eceased county REMOVAL (Specify) 25B. NAME OF REGISTRAR JUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS VS 150-REV. 1/1/65

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AME OF DECEASED  OF Print)  T. S. A. C. Th. D. C.  ACE OF DEATH IN BALTIMORE,	MARYLAND	PAWLINGS	4. USUAL RESIDENCE (W	AND HOUR OF DEATH	1	0 1	
AME OF DECEASED  TO Print)  ACE OF DEATH IN BALTIMORE,  JLL NAME OF OSPITAL OR oddress or lossititution	MARYLAND pitol or institution, g	PAWLINGS	4. USUAL RESIDENCE (W			0	
JLL NAME OF OSPITAL OR oddress or lo	MARYLAND pitol or institution, g	AWLINGS	4. USUAL RESIDENCE (V	-11 -67	5 00	0 1	
JLL NAME OF (If not in hos OSPITAL OR oddress or lo	pitol or institution, g		4. USUAL RESIDENCE (V			H	
OSPITAL OR oddress or lo	pitol or institution, g		A. STATE B. CO	UNTY	institution: residence belore	e odmis	
ISTITUTION		rive street	MARYLAND	CALVE	RT COUNTS	-/	
INCOLN MEMOR				outside city limits, write	RURAL and give township	p)	
	in NURS	sinc Hom	E SUNDERLAND				
27 N. CAREY .	STYEET		D. STREET ADDRESS	(If rurol, give location)			
BLE NEGRO		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours	nder 24	
ALE NEGRO	M	BRRIED	9-7-1883	85 415.			
		BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or I	oreign country) U	12. CITIZEN OF WHAT COUNTRY?	?	
_			STATE		115		
				NAME	<i>u.</i> •		
14/4 2010 20 1	saac T.I	Rawlings	1101/1	Mory C	mith		
	d Forces?	1 6. SOCIAL		~ Hary Si			
no or unknown) (If yes, give wor or	dotes of service)	SECURITY NO.					
		219-16-20	24 Gertrude H	Rawlings	Sunderland	1 1	
ケフコト		CAUS	E OF DEATH		ONSET AND	LAAFEL	
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		(A) P	NEUMONIA				
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		( R)					
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TO THE DEATH BUT NOT	RELATED TO THE	E					
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		VIIICII OFERANOR	20.02010131:1103 01	IN CERTIFYING C	AUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYIS	NG 218.	PLACE OF INJURY (e	a. in or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exact locatio	n)	
DR CONTRIBUTING CAUSE OF	hom etc.)	e, form, loctory, stree	, office bldg., INJURY OCCUR		,, ,		
			015 115				
OF INJURY				INJURY OCCUR?			
(APPROX.)							
22. I certify that (I) (this hos	pital) attended th	ne deceased from	9-10-	19 6.7 to	11 - 11 -	19	
that (1) (we) last saw the dec	eosed olive on	11-11-	19 4 7 and	that in (my) (our) op	oinion deoth occurred a	on th	
	1				23B. DATE SIGNED		
- Oliver	Same	M.D.	Attending Med.	Stoff Phys	11-11-	67	
23 C. PHYSICIAN'S			23D. ADDRESS	/ 11y 3	1	6	
NAME (Type)	10 m	NALWE N	5-3-10 h	KENNISIN A	14 Bm-	2	
BINTAL COEMATION TO A	E 1940 N			LOCATION	1 ones	100	
REMOVAL (Specify)				LOCATION	City, town, or county	(51	
11-1	4 - 2 / W -	II am . at		-		4	
		.Hope Ch.	Сел.	Sundarland	CalVPY	_/	
DATE REC'D BY HEALTH DEPT.	2SB. NAME O	e registrar	2SC. FUNERAL DIRECT	0 0	CalVPV	_/	
1 100	TRIMET  ATHER'S NAME  AND Deceased Ever in U. S. Arme no or unknown) (If yes, give wor or the notion of the name o	TATHER'S NAME  AND Deceased Ever in U. S. Armed Forces?  Anotor unknown) (If yes, give wor or dotes of service)  NO  IB.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  197A. DATE OF OPERATION 198. CONDITION FOR VEXAS PERFORMED  21 A. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION C	TRIMET  ATHERS NAME  ISAAC T. RAWINGS  Vas Deceased Ever in U. S. Armed Forces?  (A) SECURITY NO.  219-16-20  (A)  Value TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  OTHER SIGNIFICANT CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  1074. DATE OF OPERATION  Vas PERFORMED  2104. ACCIDENT WAS UNDERLYING TO THE North Injury (Approx.)  2105. TIME (Month) (Doy) (Year) (Hour) 211. INJURY OCCURRED While At Work At Wor	during most of working life, even if retired)  Father  Father  Isaac T. Rawlings  UN KNOWN  Ves Deceased Ever in U. S. Armed Forces?  Indicator unknown) (If yes, give wor or dotes of service)  OSEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heard foliage, etc., injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION Sol.  II  OTHER SIGNIFICANT CONDITION Sol.  II  OTHER SIGNIFICANT CONDITION CAUSING IT.  OF CONTRIBUTING TO PERATION  WAS PERFORMED  DISAASE OR CONDITION CAUSING IT.  OF CONTRIBUTING TO PERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT.  OF CONTRIBUTING TO PERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING TO PERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION CAUSING IT.  21A. ACCIDENT WAS UNDERLYING TO PERATION  WAS PERFORMED  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID PERMS PROX.)  21A. ACCIDENT WAS UNDERLYING TO PERMS PROX.  AND WHICH ALL NOT WHERE DID PERMS PROX.  ALL WORK  ALL	THE ATHER NAME  ISAAC T. Rawlings  Wichold Mary S.  Vos Decased Ever in U. S. Armed Forces? IN CONTINUOUS MARY  ISSECURITY NO.  JOSEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heed follows oshering, etc.) It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING CONCENTRATION (A) Short of OPERATION (A) Short of OPE	WHAT COUNTRY  RETHER  ATHERS NAME  ISBAC T. Rawlings  14. MOTHERS MAIDEN NAME  UN KNOWN MATY Smith  ADDRESS  SECURITY NO.  219-16-2024 Gertrude F. Rawlings  Sunderland  Sunderland  Sunderland  Sunderland  Sunderland  Sunderland  CAUSE OF DEATH  ONSET AND  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) PARAMENAL SECURITY NO.  DUE TO  DISEASE OR CONDITIONS, if only, giving ase to the above couse (A) stelling the UNDERLYING CONDITION ISS.  OTHER SIGNIFICANT CONDITION ISS.  DUE TO  OTHER SIGNIFICANT CONDITION SOUTH NO.  SIGNIFICANT CONDITION ISS.  OTHER SIGNIFICANT CONDITION OF WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONDITION OF CONTRIBUTING CAUSES OF DEATH?  22A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTING CONTRIBUTION OF CONTRIBU	

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Special form of the European Community for the local

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CO 40000 BALT	IMORE CITY HEALTH	DEPARTMENT	1	67 10987
M.E. CASE NO.	TIFICATE OF		Registered Na.	2.000;
1. NAME OF DECEASED (Type or Print) COLEMAN, SOPHIA G.		111.	HOUR OF DEATH	3 40
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL A. STATE	RESIDENCE (Where	deceosed lived, if inst	itution: residence before odmiss
FULL NAME OF (If not in hospitot or institution, grve street	M	PRYLAND		Baltoca
HOSPITAL OR oddress or location) INSTITUTION	c. city o	R TOWN (If outside	le city limits, write RU	IRAL ond give township)
111/2 , -	D. STIEFT		ol, give tocotion)	53-00
TUDION MEMORIAL HO	sp 2	So. MA	101 -5-	ET
5. SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCE			AGE (In years thirthdoy).	If Under 1 Yr. If Under 24 Months: Doys Hours Min
F W.DOW	3/1	5/99	68	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS Codes during most of working life, even if retired)	R INDUSTRY 11. BIRTHP	LACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	11/1	RYLAND		21.5
13. FATHER'S NAME	14. MOTH	ERS MAIDEN NAME		
CHARLES HENRY GATE	5 Un	KNONK	Isbella Md	arthy
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURIT	Y NO.	AANT	2805	Upridge
	6-9214 Sou)		Coupt	, , , , , , ,
18. 7 6 A Y	CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	(B) Deich	eto m	ellitus	
DISEASES OR CONDITIONS, if any, giving				
rise la the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			WE.	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPEN	RATION 20A. AL	SY? (Yes or No)	20B. IF YES, WERE FILLING CAU	NDINGS CONSIDERED SES OF DEATH?
V 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, foct place of the place of home, form, foct place of the place of home, form, foct place of the place of	INJURY (e.g., in or obout 2 ory, street, office bldg., II	1C. WHERE DID NJURY OCCUR?	(If in Baltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OC	CURRED 2	IF. HOW DID INJUI	RY OCCUR?	
(APPROX.) While At Work	Not While At Work			
22. I certify that (h) (this haspital) attended the decease	d fram Sept	22 19	67 10	A 10014 19 6.
that (1) (===) lost saw the deceased alive an 7/00		7 and that	in (my) (our) apin	ion death occurred on the
ond haur and fram the causes stated obave. (1) (We) (did	(did not) view the be	ady ofter death.		
23A. SIGNATURE				23B. DATE SIGNED
W. H. (lehlest )	M.D. Attending Phys.		off nys,	11/14/67
23C. PHYSICIAN'S NAME (Type)	23 D. ADDRI	ESS		
DR. WILLIAM H. OEHLERT, JR.	M.D. THE	UNION MEM	ORIAL HOS	PITAL
	SETERY OF CREMATORY	24D. LO		, town, or county) (Sto
	ge (emetery	Pi	kesville. M	4.
25A. DATE REC'D BY HEALTH DEPTO 25B. NAME OF REGISTRA	Bey M. J. F	NERAL DIRECTOR . Eline &.	Sons Reist	d. ADDRESS erstown, Md.
V\$ 150-PEV 1/1/65	P	11111		

Coeming Sophia G. 11 REISTERTERA Wines Memour Hose 2 Se. 17410 ST. PEST (c) Wasu 3.7 1/3/18 MINEYLAND HERSOLLIE CHARLES HEARLY BATES Thornoon 2505 uprily Generaliza athermanica Dubety Martin THE RESIDENCE OF STREET

RTANT	issistant if death the direct or of y kind; (4) Unde death was in ance on the dea
E: IMPC	r. Also, inture of an ronounce ar attendar
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undewas D.O.A. at a hospital (except where the physician who pronounced death was in very an experior to death); and (6) No physician was in regular attendance on the death expensive the physician was in regular attendance on the death.
	This certificate must the body was releas shows: (1) An accides was D.O.A. at a host deceased prior to de

5, 1,0000	BALTIMORE CITY H	HEALTH DEPARTMENT		CP 40000
-362 BIRTH NO. 67 10988	CERTIFICAT	E OF DEATH	Registered No.	67 10988
M.E. CASE NO.  1. NAME OF DECEASED  (Type or Print)  3. PLACE OF DEATH IN BALTIMORE, MARYLAND			ND HOUR OF DEATH	
T. NAME OF DECEASED  (Type or Print)  (Type or Print)  (Type or Print)			11-15-67	4:05 1. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND				
3. PLACE OF DEATH IN BALTIMORE, MARILAND				itution: residence before admission)
FULL NAME OF (If not in hospital or institution, give	street	Maryla	and	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN JIF OU	itside city limits, write RU	IRAL and give www.pl
		Paltin	2002	
3 Church Home of Hos	1	D. STREET ADDRESS (IF	rural, give location)	/
35 Chorch olome & gos	Spiral	521 5.	Wolfe SI	<i>-</i> .
5. SEX 6. RACE 7. MARRIED, NE		, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
WIDOWED, D.	DIVORCED (specify)	APRIL 26, 1893	lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BU		1. BIRTHPLACE (State or fore	eign country	12. CITIZEN OF
dane during most of working life, even if retired)			10.4	WHAT COUNTRY?
House Wife		PHILAGELPHI 4. MOTHERS MAIDEN NA	A PA,	USA.
13. FATHER'S NAME	1		ME	
FRANK VACEARO		ROSA		
15. Was Deceased Ever in U. S. Armed Forces?		Rasa ,		ADDRESS
(Yes no or unknown)(II was give wor or dates of service)	SECURITY NO			01101
2	17-10-8025B	BENJAMIN DEATH OVA MOSS	WATERSON	521 S. Wolfe st
18. 332 XI	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0.111	4. 1	1. 1.
LEADING TO DEATH	(A)	UVIT poss	1000 DOS/ 3	Jew days
(This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease,	DUE TO	/		
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, giving	501.10			
rise to the obove couse (A) stoting the	(C)			
UNDERLYING CONDITION lost.				
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Brow Los	neumonia		
		20A. AUTOPSY? (Yes or N	ol 208 IF YES WERE EI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	TOT OF ENAMED IN		IN CERTIFYING CAU	SES OF DEATH?
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLA	ACE OF INITIAVIA	or obout 21C. WHERE DID	(If in Rolliman	City, give exact location)
OR CONTRIBUTING   CALLES OF	form, foctory, street, offi-	ce bldg., INJURY OCCUR?	m m pommore	ony, give exect teconom
DEATH (notify medical examiner)				
	IJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	At Not While			
VVOFR		//- 8	1967 to	11-15 10 67
22. I certify that (1) (this hospital) attended the a		12		
that (1) (we) last sow the deceased alive on	11-15	19 6 ond t	hat In(my) (our) opin	Ion deoth accurred on the date
and hour and from the causes stated above. (1) (V	We) (did) (did not) vi	ew the body ofter death.		
23A. SIGNATURE			/	23 B. DATE SIGNED
Rodelio M. Min	M.D. Atten	ding Med. Director	Staff Phys.	11-15-67
23C. PHYSICIAN'S		3D. ADDRESS	• пу з. 🗀	/ (
NAME (Type) Dadalia M	1	14	L-H	
Loaein M. L	-/M M.D.	CAT	11	
24A. BURIAL CREMATION, 24B. DATE 24C. NAMI REMOVAL (Specify)	E of CEMETERY OF CASE	24D,		y, town, or county) (Stote)
BURIAL 11/18/67 51,0	) /ARISLA	USA	+LTIMORE,	Ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF F	REGISTRAR	25C. FUNERAL DIRECTO	R ( , ( )	ADDRESS
NOV 1 6 1967 Of Cut &.	taldey MA	George a	Weber 705	- SO, ANN ST
VS 150-REV. 1/1/65				

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	1-17	_	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 10989
BI	ATH NO.	67 10	QQQ CERTIFICA	TE OF DEATH	Registered No	07 10303
	NAME OF DECEASE	07 10	303		ID HOUR OF DEATH	
	ype or Print)	ontine.	Charles	2.001.01	1/10/19	1220 D.
3.	PLACE OF DEATH	N BALTIMORE, MARYAND	Charles			titution: residence before odmission)
	/			A. STATE B. COUN	TY / / Y	
	FULL NAME OF	(If not in hospital or institu		110 30	It- Cot	
	INSTITUTION	1-1000	race Hac	C, CITY OR TOWN THE OU	side city limits, write	JRAL and give lamiship)
	, WI	ion mer	nor cas gos	D. STREET ADDRESS (If	rutol, give location)	201-01
	44			2017 1	11-01	21.0
=	SEX 6. RA	CE / IT AAA	RRIED NEVER MARRIED	8. DATE OF BIRTH	Juare L	If Under 1 Yr., If Under 24 Hrs.
2	M		OWED, DIVORCED (specify)	12-76-6	9. AGE (In years lost birthday)	Months Doys Hours Min.
2 17	NA PRINT OCCUPATI	ON Give kind of work INR. KIN	ID OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF
	one during most of working	g lite, ever-if retired/		TI. BIRTHFEACE (Stole of love	(gh country)	WHAT COUNTRY?
	Le-	tired Ta	ilor	Ita	114	USA
1:	3. FATHER'S NAME	Joseph Annan	tina	14. MOTHER'S MAIDEN NA	ME	
2		Stock of the	2477 2007	Fortunata// /	nown	
1.5	5. Was Deceased Ever	in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
, ,	No No		217-24-7204	Mrs. Concetting	Irgentino a	Samoo / N.D
-	18., / > 0	7 .		OF DEATH		INTERVAL BETWEEN
5	400,1	CONDITION DIRECTLY	GAOSE (	1 -		ONSET AND DEATH
3		DING TO DEATH		gocardia	1 interes	Aan
	(This does not m	ean the mode of dying,	e.g., DUE TO	700000	(V(1 w) c	1. X. I. J
3		enio, etc. It means the dis tion which caused death.)	ease,	ASCVK	1	
<u></u>	ANTE	CEDENT CAUSES	(B)	HOCVK		
D	DISEASES OR C	ONDITIONS, if ony, g	DUE TO			
3	rise to the ob	ove cause (A) stoting				
	UNDERLYING CO	INDITION TOST.				
2 :	Z OTHER SIGNIFICA	II NT CONDITIONS CONTRIB	LITING			
	TO THE DEATH	BUT NOT RELATED TO				
b 3	OTHER SIGNIFICA TO THE DEATH DISEASE OR CON	DITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE FI	NDINGS CONSIDERED
		WAS PERFORMED		1/1	IN CERTIFYING CAU	SES OF DEATH?
5	21 A. ACCIDENT W	AS UNDERLYING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
	OR CONTRIBUTING	CAUSE OF	home, form, factory, street,	office bldg., INJURY OCCUR?		
2 (			21E. INJURY OCCURRED	215 112 112 112		
	OF INJURY	nth) (Doy) (Year) (Hour)	While At Not Wh	21F. HOW DID INJ	URY OCCUR?	
,	(APPROX.)		Work At Work		10	1
5	22. I certify that	(1) (this hospito) atten	ded the deceased from 1	1-11/10	196/10/	1/15 18).
0	tho (I) we) last	sow the deceased alive	an ////	19 67 and th	ot in (my) (our) opin	ion death accurred on the date
2	and hour and frag	n the couses stated aba	ve ((i) We (did) did not)	view the body after death.		
ŝ	23A. SIGNATULE	11. 1				23 B. DATE SIGNED
	(P)(1.	Machine	MAID. AL	tending Med.	Staff 1	11/15/67
3	230 PHYSICIAN'S	Macken	1/1/2-	Inon a page	Phys	
2	NAME (Type)	JECKECCED	/ AA D	THE UNION	MEMORIAL H	OSP I TATY
2   -		VECKESSER	M.D	union	11cmor	19/7/05/2
3 2	4A. BURIAL CREMATI	y)	4C. NAME of CEMETERY OF C		OCATION (City	(Stote)
D	Burial	11/18/67.	Gardens of Fai	th Cemetery	Baltimore,	Md.
2	SA. DATE REC'D BY H		AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
	NOV 16	1967 P.O. 17 8	- Stable MA	Leonard J. F	luck, Inc. Ba	lto. Md. 21214
\ <u>\</u>	\$ 150-REV. 1/1/65	A TOTAL				

1-17-12 (All 550) Warran Merrantery Saltimore 2917 Kildare Donce 02-28-89 78 Retired Italy www. warm montmo Som The H Park wood his Myocardial Infarction ASEVE NO. apr. 20 68/11-11/120

M-745 BALTIMORE CITY	Y HEALTH DEPARTMENT	C'7 10000
BIRTH NO. 67 10990 CERTIFICA	TE OF DEATH Registered No.	07 10330
M.E. CASE NO.  I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
Type DR. ELMER V. McCOHUM	11-15-67	7:35 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If in	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	MARYLAND	
HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write	
THE JOHUS HORIUS HOSPITAL		216 15-04
THE ADAMS HOLKING HOSTITULE		, -
23	2402 TALBOT RD.	
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  3-3-79  9. AGE (In yeors lost birthdoy)  88	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if refired)  Professor Emeri		12. CITIZEN OF WHAT COUNTRY?
BIOCHEMIST Biochemistry	Kansas	II.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
CORNELIUS A. McCollum	MARTHA KIDWELL	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT	ADDRESS
No	60 Mrs.Ernestine B. McC	(Como)
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	20 The Aug	ONSET AND DEATH
LEADING TO DEATH	resperatory Alle	a 5 min
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenio, etc. It means the disease,		- 1 2
injury of camplication which caused death.)	value Cereberal Melastic	w weeks
ANTECEDENT CAUSES		1 ,0
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the	ossolic Carcina	us Moulles
UNDERLYING CONDITION lost.		
7 11 0 0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	un un le le le	in Jania
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes o No) 20B. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CA	USES OF DEATH?
U   21 A, ACCIDENT WAS UNDERLYING	in or about 21 C WHERE DID (If in Baltimor office bldg., INJURY OCCUR?	e City, give exact location)
	office diag., INFORT OCCUR!	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY  (APPROX.)  While At   Not Whi Work At Work		
	11-1 19/07 10	-15 10/17
22. I certify that (1) (this hospital) attended the deceased from	19.6.7 ond that i (my) (our) op	
		inion death occurred on the date
and hour and from the couses stated above (1) We) (did) (did not)	view the body ofter deoth.	23 B. DATE SIGNED
D Vait A Vai SID and At	tending Med. Stoff	11-15-17
23C. PHYSICIAN'S	ys. Director Phys.	11-15-61
NAME (Type)	23D. ADDRESS	SPITAL
	THE COMMO	
24A, BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C, NAME of CEMETERY or CI	REMATORY 24D. LOCATION (C	ity, town, or county) (Stote)
Cremation   11/16/67   Greenmount	Baltimore,	Md.
NOV 1 & 10C7 A 258, NAME OF REGISTRAR	H.W. Jenkins & Sons Co	1905 Vork Rd
NUV 1 6 1967 Robert 2. Farkeyman	Balto-	Md. 21212
VS 150-REV. 1/1/65		

THE JOHUS HORILD HOSTITAL

Mr. U

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BIRTH NO.	67 11	991 CERTIFICA	Y HEALTH DEPARTMENT	Registered No	67 10991
M.E. CASE NO. 1. NAME OF DECEM (Type or Print)	ASED	BROWN	2. DATE A	ND HOUR OF DEATH	-1071 5 05 4
3. PLACE OF DEAT		) /) <i>U U V / V</i>	4. USUAL RESIDENCE (Wh	ere deceosed lived. If	5/6/ 6.05 A institution: residence before odmissi
			A. STATE B. COU	NTY	
FULL NAME OF HOSPITAL OR	(If nat in haspital ar insti oddress or location)	tution, give street	C. CITY OR TOWN (IF o	utside city limits, write	RURAL and ove swinship)
INSTITUTION			DALTIMODE		
3	11 4 0 14. 4/0	11.00	D. STREET ADDRESS	rural, give locotion)	IEW APTS.
JOHNS	HOPKINS	HOSPITAL	116 W. UNI	VERSITY P	ARKWAY
5. SEX 6		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Doys Haurs Min.
FEMALE	WHITE SI	NGLE	1-24-95	72	
	ATION (Give kind of work 108, King life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State at for	eign country)	12. CITIZEN OF WHAT COUNTRY?
XECUTIVE	SECRETARY C	URTIS BAY TOW	ING CO. BALTI	MORE. MD.	U.S.A.
3. FATHER'S NAMI			14. MOTHER'S MAIDEN NA	A H	
	INSERH HERMON	BROWN	SARAH/S	APP	
5. Was Deceased E Yes, na ar unkna wn) (	Ver in U. S. Armord Forces? If yes, give war ar dates of so	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Trust Bldg
No		21 2 02 8872	N Barton B	engon 160	O Mercantile
18.	Y	CAUSE	OF DEATH	C115011 . F 000	INTERVAL BETWEEN
	OR CONDITION DIRECTLY		40 -1 0 -0 -1	04.5	ONSET AND DEATH
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injury or comp	lication which caused death,		FI BLEED	1116	10 do.
Al	NTECEDENT CAUSES	DUE TO	TA DUULU	/ 10 0	
	CONDITIONS, if any, above cause (A) statin	giving	INKNOWN S	OURCE	
	CONDITION last.	g the (C)	0	041102	
	11				
OTHER SIGNIFI	CANT CONDITIONS CONTRI ATH BUT NOT RELATED	BUTING			
DISEASE OR C	ONDITION CAUSING IT.				
OTHER SIGNIFI TO THE DE, DISEASE OR C  19A. DATE OF C  21A. ACCIDENT	WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
U 21A ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	YAJ	10	Circle 1
, OR CONTRIBUT	ING CAUSE OF	home, form, factory, street,	office bldg., INJURY OCCUR?	tit in boltime	ore City, give exact location)
0					
OF INJURY	Month) (Day) (Year) (Hou		21 F. HOW DID IN	JURY OCCUR?	
(APPROX)		While At Work At Work			,
22. I certify t	not (1) (this hospital) atte	nded the deceased from	11/6/67	19 to /	1/15/67 19
that (I) (we)	st sow the deceased aliv	e on C:05 AM	11/1567 and		pinion death occurred on the
and hour and	from the course stated ab	ove. (1) (We) (did) (did not)	airmaka kada akaa da ah		mon deoni occorrea on me (
23A. SIGNATUR		ove. (1) (max (did) (did nor)	view the body diter deoth.	•	23B, DATE SIGNED
000	2 00	M.D. At	tending Med.	Stoff A	230, DATE STORED
23 C. PHYSICIAN	on B Laiser	Ph. D Ph	ys. Director	Stoff Phys.	11/15/67
NAME (Typ	e)	A 1 4	23D. ADDRESS		, ,
H	LEN B.KI	415 ER M.D.	THE JOHNS HO	PKINS HOS	SPITAL
AA. BURIAL CREM REMOVAL (Sp.	ATION, 248. DATE	24C. NAME OF CEMETERY OF CI	REMATORY 24D.	LOCATION	City, town, or county) (State
Burial	11/17/67	Parkwood	Par	kville. E	Salto Co. Me
25A. DATE REC'D B		AME OF REGISTRAR	25C FILNERAL DIRECTO	D	ADDRESS
MUATE	196/ (12.6.15 &	, starter MA	H.W.Jenkins	& Sons C	6 4905 York Rd. Balto 12, Md.
	The same of the sa				Dallio Le Fida

JOHRS HOPKIES HOSP

RSPIRATION PREMADENA - 22 FE GI BLEEDING 10 dogg WENTERN SOURCE

C:05 pm 11/5/67

alben a Fame, m. b. . ALLEN B. KAISER

11/18/67

20/51/11

## or contributing cause of death (4) Undetermined cause; (5) Deceased occurred regular death Ē Was the direct IMPORTANT death any pronounced or his Also, fracture of FUNERAL DIRECTOR: the chief medical examiner who 4 physician medica burns; (2) Body the 0 the body was released to the hospital by where any nature; be approved (except An accident of hospital

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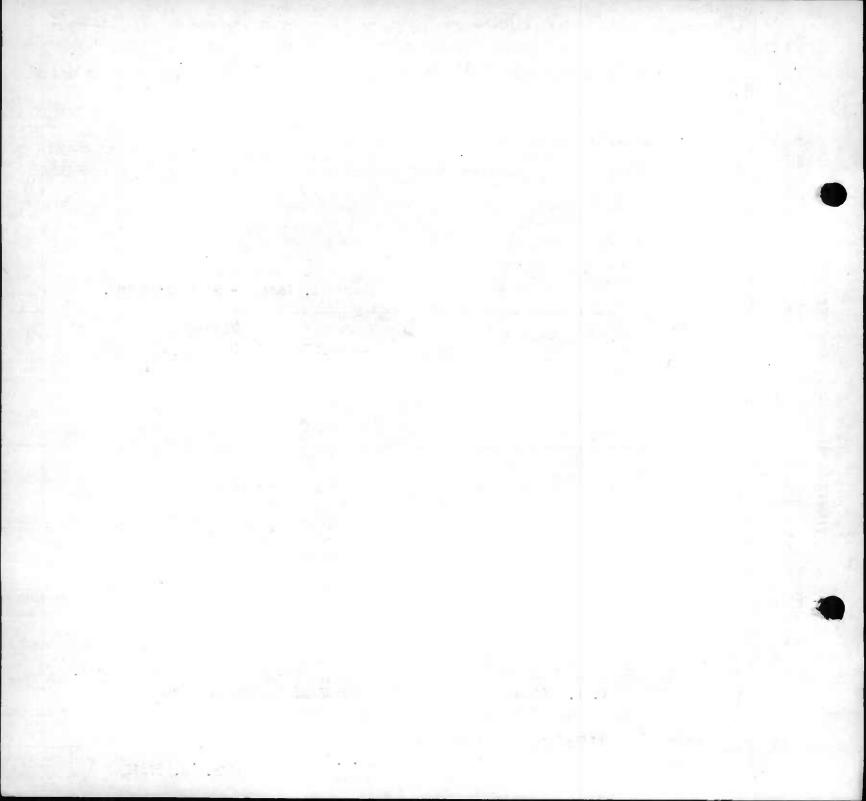
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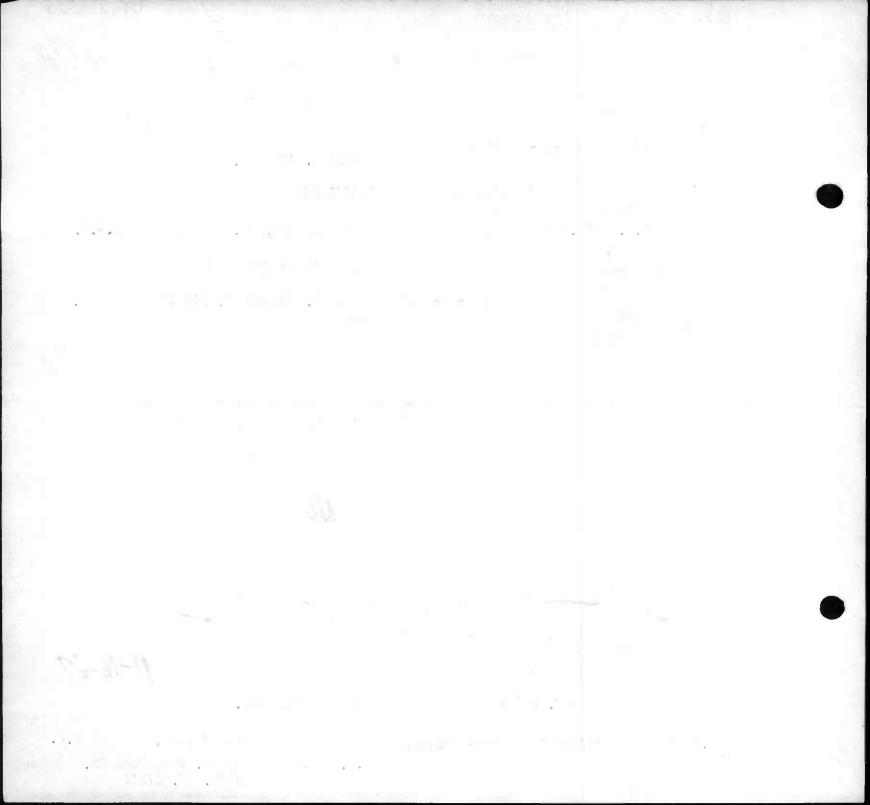
shows:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type ar Print) RESIDENCE (Where deceased lived. If institution: residence before ogmission) 8. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (If outside city limits, write RURAL and give township) MOR 0 mad 9. AGE (In years II Under 1 Yr. 5. SEX MARRIED, NEVER MARRIED If Under 24 Hrs. Months Days lost birthdoyl Hours WIDOWED, DIVORCED (specify) MHIL 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) GRIE isposition RETIRED 13. FATHERS NAME USA 14. MOTHER'S MAIDEN NAME T 15. Was Deceased 6. SOCIAL final Isaacs - 5408 Ready Ave. (Yes, na ar unknown)[(If yes, give wor or dates of service) SECURITY NO. Howard 0 AND WESCH NOTICE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. before the remains 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID 21A. ACCIDENT WAS UNDERLYING Boltimore City, give exact location) hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (natily medical examiner) obtained 21D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While □ (APPROX) Work At Work 19 6.7 to _____19 6 7 and that in (my) (and aplnian death accurred on the date that (1) ( last saw the deceased alive an..... and haur and fram the causes stated abave. (1) Pro) (did) (and not) view the bady after death. must 23A. SIGNATURE 23 B, DATE SIGNED Attending Stoff Phys. Med. M.D. Phys. Director approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) Maryland General Hospital M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) decease Baltimore H.W. Jenkins & Sons C 25B. NAME OF REGISTRAR Sons Co Md. 27 VS 150-REV. 1/1/65

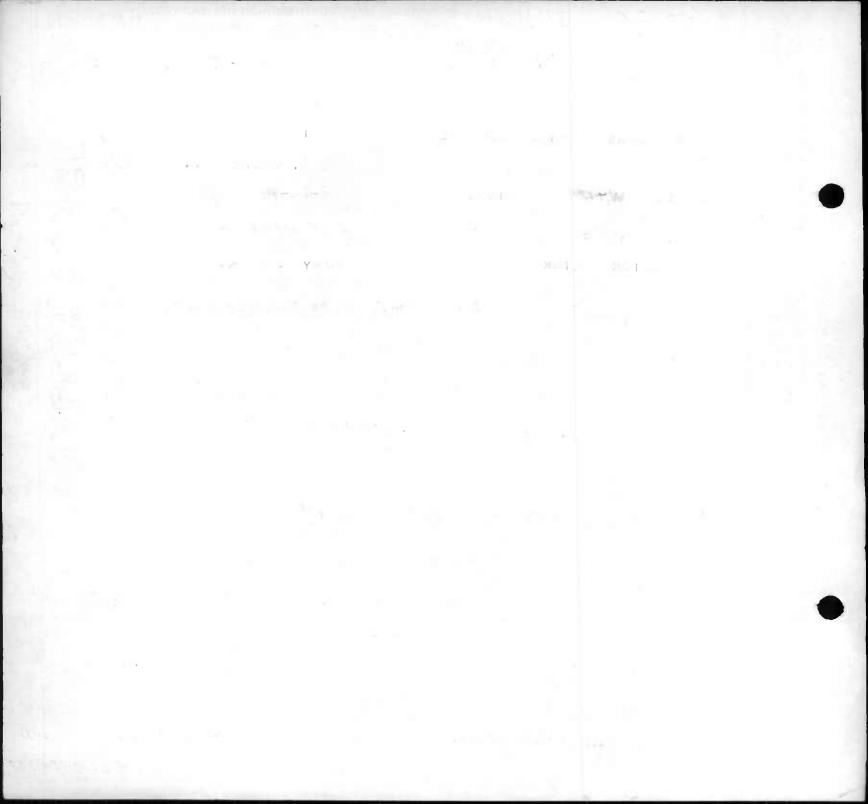


## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. cause; (5) Deceased hospital and of death M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Sarah Godwin Bauknight (Type or Print) uo November 15. 1967 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A, STATE B, COUNTY eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance Virginia cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend INSTITUTION Ξ. prior House in the Pines - Belvedere contributing occurred 4825 N. 17th St. is made. Undetermined regular 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. eceased WIDOWED, DIVORCED (specify) tost birthdoy) Hours 12/7/1883 Divorced 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Retired-U.S. Gov't. Bureau of Engravers Middlebrook, Va. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct 4 William Steele Lucy Alexander death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) 9-60-9257 attendance Fred S. Bauknight. 317 Tunbridge Rd. No any INTERVAL BETWEEN CAUSE OF DEA 10 pronounce ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the diseose, the chief medical examiner regular injury or complication which caused death,) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, (3) to the obove couse (A) stoting the physician the remains UNDERLYING CONDITION lost, Was burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION the WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 27 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) 3 where OR CONTRIBUTING CAUSE OF to the hospital å MEDICAL DEATH (notify medical examiner) etc.) nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21% HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While I (APPROX.) Work At Work and any 22. I certify that (I) (this bospital) attended the declared from that (1) (med last saw the deceased olive of and that In(my) Lour) opinion death occurred on the date of death) hospital sbaye. (1) (We) (did) (did not) view the bady after death. and hour and from the must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff 0 Director written approval ō 23C. PHYSICIAN'S 23D. ADDRESS prior MOS at NAME (Type) William G. M.D. 5006 Roland Ave. Helfrich 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION deceased (City, town, or county) (Stote) o the body REMOVAL (Specify) shows: D.C. 25A. DATE REC'D BY HEALTH DEPT. 2 7 Fort Lincoln
25B. NAME OF REGISTRAR washington. MOS Sons Co. 4905 York Rd. 125C. FUNERAL DIRECTOR & Balto. Hd. 21212 VS 150-REV. 1/1/65



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## FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Such hospital and use of death cause; (5) Deceased 2. DATE AND HOURS OF DEATH I. NAME OF DECEASED 20 PAUILAK (Type or Print) uo before odm(ssign) death. 4. USUAL RESIDENCE (Where degeosed lived, If institution; residence 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance B. CDUNTY contributing cause (If not in hospital or institution, give street FULL NAME DE HD SPITAL OR address or location) C CITY OR TOWN (If outside city limits, write RURAL and give township) attend 8 occurred in prior D. STREET ADDRESS (If rurol, give location) Undetermined is made. regular 5. SEX 7. MARRIED, NEVER MARRIED If Under 24 Hrs. GE (In veois If Under 1 Yi. Hours eceased birthdoy) WIDOWED, DIVORCED (specify) 16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign country) disposition death done during most of working life, even if retired? Ξ MOS the 13. FATHERS NAME 14. MOTHER'S MAIDEN 4 assistant death uo 15, Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL (Yes.no or unknown) (If yes, give wor or dotes of service) final SECURITY NO. attendance any pronounced 0 OF DEA ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner regular injury or camplication which caused death.) ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if any, 3 rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last Was medical burns; CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE DR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 0 WAS PERFORMED before by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 8. PLACE OF INJURY (e.g., in or obout 27C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) where ° to the hospital MEDICAL DEATH (notify medical examiner) etc.) nature; be obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) At Work and Work any 22. I certify that (I) (this hospital) attended the deceased fram death); that (I) (we) last saw the deceased alive an and that in (my) (aur) aplnian death accurred an the date of hospital and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. released must accident 238, DATE SIGNED 23A. SIGNATURE certificate must Attending Phys. M.D. Med. 0 Director approval 8 23D. ADDRESS 23C. PHYSICIAN'S prior the body was to NAME (Type An A.O. 24A. BURIAL CREMATION. eceased (Stote) REMOVAL (Specify) MD CFM shows: This Was 25A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR ADDRESS REOS INC 1800 F LOMBARD SI VS 150-REV. 1/1/65

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE C	TITY HEALTH DEPARTMENT
BIRTH NO.  M.E. CASE NO.  BIRTH NO.  67 10996 CERTIFIC	ATE OF DEATH Registered No. 07 10336
1.NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
Roland M. Wersin	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	md, -
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	BALTIMORE G
37 Mercy Hospital	D. STREET ADDRESS (If rurol, give location)
9/	1000 5.36 7 54.
5. SEX   6. RACE   7. MARRIED, NEVER MARRIED	
MIDOWED, DIVORCED (specify)	
7/11/-	JETT 24,19/6 51
IDA USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUS	TRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1 700 060	JUNEDALE PA 115.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1.	
RICHARD WARSINGER	JUSAN YURKO
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS HAT LETO.
Yes WIWI	TURNBACK F. H. 423W. BROAD ST. DA.
,	E OF DEATH  INTERVAL BETWEEN
4601	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. 1 + 1   3
(This does not mean the made of dying, e.g., DUE TO	Congestive how t fullure 2 yrs.
injury or camplication which caused death.)	Leste myecurdial interction ZYh-S
ANTECEDENT CAUSES (B)	- Lote Myockedia 18 wollon
DISEASES OR CONDITIONS, if ony, giving	
ise to the obove cause (A) stating the (C)	
UNDERLYING CONDITION last.	
- II	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	my ocardia I interestration
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
LA SULL SULL SULL SULL SULL SULL SULL SU	Xe 5 Ve 9
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) t, office bldg., INJURY OCCUR?
Z DEATH (notify medical examiner)	, once order, needs, needs,
D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF IN ILLEY	While
(APPROX.)	/ork
22. I certify that (1) (this hospital) attended the deceased from	11/14 1967,
that (1) (we) last saw the deceased alive an	19.6 and that in (my) (aur) opinion death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did no	
23A. SIGNATURE	23B, DATE SIGNED
Tanco & Man and M.D.	Attending Med. Stoff Phys. Stoff 1// 15/4
23 C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	
- LIGKENZEK	N.D.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
a which at	m Buses Jandon Va
SURIAL MINING CHIZMA CLI 25A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF GEGISTRAR	25C. FUNERAL DIRECTOR A ADDRESS OLI
SAN DATE RECORD TO PERSON AND CONTROL STANDARD PROPERTY OF SAN DELLER PROPERTY OF SAN DELLE	IN What had been a like the
3400/ 16 196/ 10 D. D. E. JOHNEY	MIM. 1 Ada - K MATOS DIE 1217 AT Paul Pr.

Merry Marget 12 AMAG 225 STO KAT . THE STORY Torophe S. A. Horse Balling Conjustion hast Follow 2 yes Aprile myserodictionalism 27th & Old myses de l'interter 130 th X Jours E. Hunger Louis & Grandell Plant market 110 The 12 deline Theres One

67 10997 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 10997

M.E	CASE NO.											
1. N	AME OF DEC	CEASED					2	DATE AND	D HOUR PRONOUNCE	ED DEAD	(noon)	
,,	0		ERNE	ST BRU	CE ELLIS			Noveml	ber 12, 1967	7	12:00	P. M.
3. P	LACE IN BALT	IMORE, MAR	YLAND, WHE	RE PRONO	JNCED DEAD	4. US A. ST		NCE (Where	deceased lived. If insti	itution: resi-	dence before o	dmission)
EIII	L NAME OF	(IE NOT	IN HOSPITAL	OR INISTITI	JTION, GIVE STREET		S	COTLAN	D			
HO:	SPITAL OR	ADDRES	OR LOCATI	ON)	SHOW, GIVE SIKEEI	C. CI	TY OR TOWN	V (If outside	e corporate limits, write	RURAL	nd give townsh	nip)
1143							G:	LASCOW		1.	-62	-
	S. S	. SEPHA	NO			D. ST	REET ADDRE	SS (If rurol,	give lacation)			
	0.0	• 022122								3-	02	2-2-2-1
5. S	EX	6. RACE			NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In years lost birthday)		Tyr. If Under Days   Hours	
	Male	Whi	te "		DIVORCED(specify)	00	T 41	913	54	1410111113	Days	1
IOA.	USUAL OCC	UPATION (Give	kind of work 10		F BUSINESS OR INDU					12. CITIZ	EN OF	-
done	during most of	working life, eve S Cook	en if retired)	Conf			0 1	. 1			T COUNTRY?	
13. F	ATHER'S NAM			Sear	aring Indus		SCOTI				Scotland	1
16 1	Herte	rt Elli		Oncers	16. SO CIAL	17 INC	ORMANT		Jordan	ADDRESS		
	no ar unknawn				SECURITY NO.	17. INF	OKMAN			ADDRES	3	
	No					C1i	inton L	arrimo	re 101 W. M	onumer	nt St.	
	1B. , /	200			CA	USE OF D	EATH				INTERVAL BE	
	DISEA	SE OF CON	I DITION DIRE	CTIV							ONSET AND	DEATH
		LEADING '	TO DEATH		Ar	terios	clerot	ic hear	rt disease			
	(This does heart foilure	not meon the	e mode of d	lying e.g., ne disease,	DUE TO				••••			
	injury or co	mplication whi	ch caused de	oth.)								
		ANTECEDENT	· CAUSES									
	DISEASES	OR CONDIT	IONS, IF AN	Y, GIVING	(B) DUE TO							***********
		IE ABOVE CA NG CONDITI	ION LAST.	TING THE								
Z					(C)							
CERTIFICATION		li li										
S			NOT RELA									
뜬			CAUSING I									
E	19A. DATE OF	OPERATION	198. CONDS		WHICH OPERATION	20 A	. AUTOPSY?	(Yes or No)	208. IF YES, WERE FIT	NDINGS C	ONSIDERED	
	2		WAS PERIO	KIVLED			Yes		IN CERTIFYING CAUS	SES OF DE	AIH:	
MEDICAL	21 A. EXTERNA UNDERLYING	L CAUSE WA	AS R-		PLACE OF INJURY (e., form, foctory, street				(If in Boltimore City, gi	ve exact la	acation)	
ŏ	UTING CAU			etc.)	, , , , , , , , , , , , , , , , , , , ,	ci, cines bi	90, 1113 OK1	occor.				
Σ	21D TIME	(Month) (1	Day) (Year)	(Hour)	TE. INJURY OCCURR	ED	21F, HOV	ULNI DID W	JRY OCCUR?			
	OF INJURY (APPROX.)					OT WHILE						
	22.					T WORK						
		tify that I h	eld an Inq	uiry 🗌	Inspection	Autopsy	X ond	that on thi	is bosis, deoth in m	ny opinio	n	
-	resu	Ited from: N	laturol cous	esX	Accident Sui	icide	Homicide	e l	Indetermined monne	er 🗍		
		0	1 . (				CHIEF ME	DICAL EX	AMINER	100		
	ACTUA	L (1/	1. /	1							DATE SIG	GNED
	SIGNAT	URE	W.	, 0					AMINER X			
	EXAMIN	VER'S	Charles	S. Sp	ringate, M.	D. ASSO	CIATE ME	DICAL EX	KAMINER NO	ovembe	er 13, 1	967
23A	NAME (		B. DATE	23	C. NAME OF CEMETE	RY or CREA	AATORY	23D. 10	OCATION (City,	town, or	county)	(State)
	OVAL (Specif				CONTRACT OF CENTERS	OF GREIV	THI WI	200. [	COMMON COMMY,		,	
	Burial		11/16/		Lorraine Pa				altimore, Mo	d.		
24A	. DATE REC'D		A		OF REGISTRAR	2.	4C. FUNERAL	DIRECTOR		-	ADDRESS	
	NC	V161	967 R	but ?	E. Jankuma		Wm Co	ok-Bro	oks. Inc. 1	217 9	r. Pau1	St

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Entombment

VS 150-REV. 1/1/65

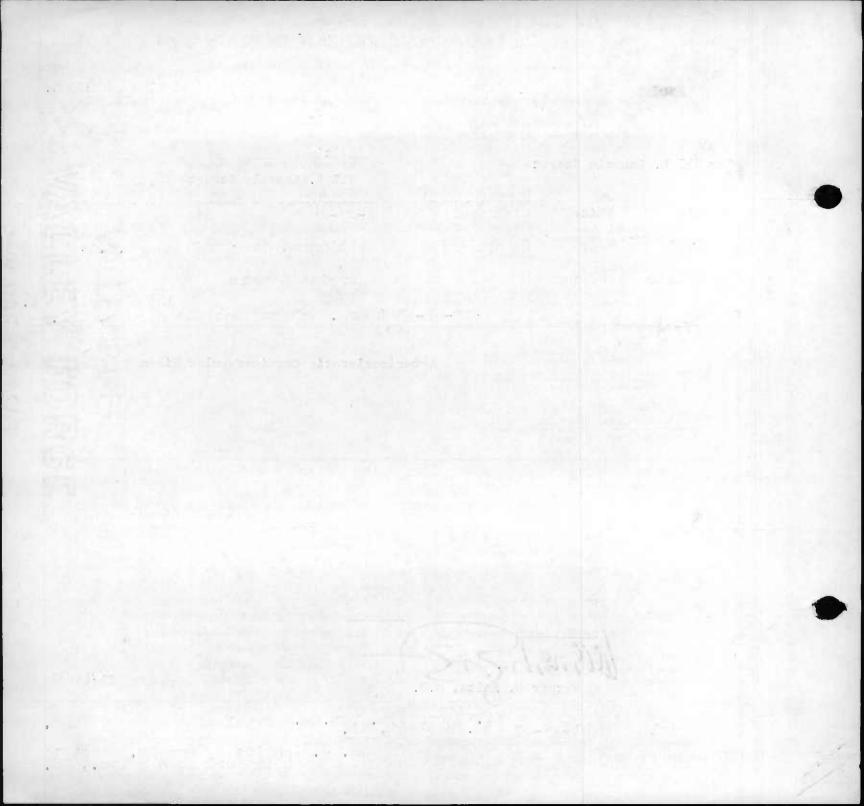
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25B. NAME OF REGISTRAR

Such

		BALTIMORE CITY	HEALTH DEPARTMENT	67 10998
BIR	TH NO.	7 10998 CERTIFICA	TE OF DEATH Registered N	07 10338
	E. CASE NO. NAME OF DECEASED	02.(11110)	2. DATE AND HOUR OF DEA	H
	Edward John	Songer	11-13-67	1 2.20
3.	PLACE OF DEATH IN BALTIMORE, N	MARYLAND	4. USUAL RESIDENCE (Where deceased lived. I	f institution: residence before admission)
			Md. Balto. City	
	HOSPITAL OR oddress or locat	ol or instilution, give streel lion)	C. CITY OR TOWN (If outside city limits, wri	to River L and give township)
	INSTITUTION		Balto.	201
1	) / 112 w. Universi	xty Parkway	D. STREET ADDRESS (If rurol, give location)	
			112 W. University pa	irkway
5.	SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M	Male Cau.	WIDOWED DIVORCED (specify) Widowed	2-3-1883   lost highdoy)	33,3
		ork 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ď	Civil Engineer	xxxxxxxxx	Balto. Md.	WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	T-1 T 0		France Bornitz	
15.	Was Deceased Eyer in U. S. Armed F	forces? 16. SOCIAL	Emma Barnitz	ADDRESS
(16	No.	otes of service) SECURITY NO.	Edward C C-141 1002 341	Tweet Dld~
-	No IB. 4 ( C ) V ( A )	CAUSE O	Edward S. Smith 1003 Md.	INTERVAL BETWEEN
	DISEASE OR CONDITION D		, DEATH	ONSET AND DEATH
	LEADING TO DEAT		Pneumonia	2 Weeks
	(This does not mean the made heart loilure, asthenia, etc. It mean	al dying, e.g., DUE TO		
	injury ar camplication which couse			
	ANTECEDENT CAUS	ES (B)		**************************************
	DISEASES OR CONDITIONS, if	ony, giving		
	rise to the obove cause (A UNDERLYING CONDITION lost.	A) sloting the (C)		
	II			
NO	I	CONTRIBUTING	1 - 2 11 14 - 0 0 1 - 1 4	
ATIO	TO THE DEATH BUT NOT RE	ELATED TO THE 1. Diabete	eks Mellitus 2. Cerebral A	
ERTIFIC	19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
ERT			NO	
L C	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	nore City, give exact location)
ICAL		etc.)		
MEDI	OF INJURY (Month) (Doy) (Yea		21F. HOW DID INJURY OCCUR?	
2	(APPROX.)	While At Not While Work At Work		
	22. I certify that (I) (THIS TO SPA	A) ottended the deceosed from	3-10 ₁₉ 60 ₁₀ 11	1-13
	that (1) (w) last saw the decea	sed alive on 11-13	19 67 and that in (my) (XX)	
	and hour and from the causes st	toted obave. (1)%%e) (##) (did nat) v		
	23A. SIGNATURE			23B. DATE SIGNED
	Moth Ask	lamiel & ( M.D. Att.	ending X Med. Stoff Phys.	11-15-67
	23C. PHYSICIAN'S	word of	23D. ADDRESS	
	Worth B. Daniel	s, Jr. M.D.	11 E. Chase St. Balto.	Md. 21202
24	A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR		(City, town, or county) (State)
(	REMOVAL (Specify)			

Greenmount Mausoleum Balto. Md. ADDRESS 25C. FUNERAL DIRECTOR Cook-Brooks Inc. Balto. Md. 21202



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	H NO.	6'		LEKTIFICATE	OF DEATH	itograficiou i		Lin
I.N.	AME OF DECI				2. DATE A	ND HOUR OF DEA		100
	e or Print)		ce M. Moore		Nove	mber 14, 1	967	/
3. P	LACE OF DEA	TH IN BALTIMORE, A	AARYLAND	4. A.	USUAL RESIDENCE (Wh STATE B. COU	ere deceased lived. NTY	If institution: res	idende before
	ULL NAME O	F (If not in hospit	ol or institution, give stre	eet	Maryland (If o			
	OSPITAL OR	oddress or toco	tion)	c.		utside city limits, w	ite RURAL ond	give township)
		111 Tankau	a Dood		STREET ADDRESS (	f rurol, give location		7/7
1	20	111 Taplou	v Koda		111 Taplow R			
5. S	EX	6. RACE	7. MARRIED, NEVER	MARRIED B. D	ATE OF BIRTH	9. AGE (In years	If Under	Yr. If Und
	F	W	Never Mar	rced (specify)	1/4/1893	lost birthday	Months	Doys Hours
			ork 108, KIND OF BUSIN	The state of the s		eign country)	12. CITIZE	N OF COUNTRY?
_	during most of v	vorking life, even if retired	Baltimore Pu	blic Sabare	Raltima	no Ald		a.S.A.
	ATHER'S NAM		operatione ru		Baltimo	ME MILL		u.S.A.
5 1		W. Moore Ever in U. S. Arm	Forces? 1 6. SO	CIAL	Amelia Knor	π		ADDRESS
Yes	, no or unknown)	(If yes, give war or d	ates of service) SE	CURITY NO.		T 0		ADDKE22
	No	PT 1	220-2	14-423531	lrs.William A	• FLOOM	(Same)	
	18.42	0.11		CAUSE OF D				TERVAL BETY
		E OR CONDITION		1 ()	gronday (	/	. )	INSEL AND D
		LEADING TO DEAT		(A)	gronary (	ccus	N.	
		of meon the mode		DUE TO	/			
		osinenio, eic. ii meo	ns the disease,		/			
	injury or com	plicotion which cous	ns the disease, ed deoth.)		/			
			ed deoth.)	(B)	/	****		
	DISEASES O	plicotion which cous ANTECEDENT CAUS R CONDITIONS, i	ed deoth.) ES f ony, giving	(B)	/			
	DISEASES O	plicotion which cous ANTECEDENT CAUS R CONDITIONS, i obove couse (A	ed deoth.) ES f ony, giving	(B)	/	/-)		
	DISEASES O	plicotion which cous ANTECEDENT CAUS R CONDITIONS, i	ed deoth.) ES f ony, giving	DUE TO	<i>A</i> = 0			
NO	DISEASES O	plication which cous  NTECEDENT CAUS  R CONDITIONS, i boove couse (A CONDITION lost.	ed deoth.) ES f ony, giving A) stoting the CONTRIBUTING	DUE TO	Dala		)	
ATION	DISEASES Orise to the UNDERLYING	plicotion which cous ANTECEDENT CAUS R CONDITIONS, i obove couse (A CONDITION lost.	ed deoth.)  ES  f ony, giving  A) stoting the  CONTRIBUTING ELATED TO THE	DUE TO	hal Os		)	
FICATION	DISEASES Orise to the UNDERLYING	Plicotion which cous  NTECEDENT CAUS  R CONDITIONS, is obove couse (A  CONDITION lost.  FICANT CONDITIONS  EATH BUT NOT RE  CONDITION CAUSING  OPERATION 198. CC	ed deoth.) ES f ony, giving A) stoting the  CONTRIBUTING ELATED TO THE SIT.  ONDITION FOR WHICH	Boxe	hal Ost 20A. AUTOPSY? (Yes or N	Mma 101 208 IF YES, W	ERE FINDINGS O	CONSIDERED
RTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plicotion which couse ANTECEDENT CAUS R CONDITIONS, is obove couse (A CONDITION lost).  FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING OPERATION 19B. CO WAS P	CONTRIBUTING ELATED TO THE GIT.  ONDITION FOR WHICH ERFORMED	Boxe	hal Ost	208 IF YES, WIN CERTIFYING	ERE FINDINGS C	CONSIDERED EATH?
CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plicotion which couse ANTECEDENT CAUS R CONDITIONS, is obove couse (A CONDITION lost).  FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING OPERATION 19B. CO WAS P	CONTRIBUTING ELATED TO THE GIT.  ONDITION FOR WHICH ERFORMED	OF INJURY (e.g., in or	obout 21C. WHERE DID	IN CERTIFYING	ERE FINDINGS C CAUSES OF DI	EATH?
CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plicotion which cous  NTECEDENT CAUS  R CONDITIONS, is obove couse (A  CONDITION lost.  FICANT CONDITIONS  EATH BUT NOT RE  CONDITION CAUSING  OPERATION 198. CC	CONTRIBUTING ELATED TO THE GIT.  ONDITION FOR WHICH ERFORMED	OF INJURY (e.g., in or		IN CERTIFYING	CAUSES OF DI	EATH?
DICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	PICOTION WHICH COUSE  R CONDITIONS, is obove couse (A CONDITION IOSI.  FICANT CONDITION SEATH BUT NOT RECONDITION CAUSING  OPERATION 198. COWAS P  IT WAS UNDERLYING TING CAUSE OF	ed deoth.)  ES  f ony, giving  A) stoting the  CONTRIBUTING ELATED TO THE G IT.  CONDITION FOR WHICH ERFORMED  21 B. PLACE home, farm, etc.)	OF INJURY (e.g., in or	obout 21C. WHERE DID	IN CERTIFYING	CAUSES OF DI	EATH?
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	R CONDITIONS, is obove couse (A CONDITION CONDITION CAUSE OF THE WAS UNDERLYING TING CAUSE OF medical examines)	CONTRIBUTING ELATED TO THE GIT.  ONDITION FOR WHICH ERFORMED  21 B. PLACE home, farm, etc.)  21 E. INJUR While At	OPERATION  OF INJURY (e.g., in or foctory, street, office	obout 21C. WHERE DID bldg., INJURY OCCUR?	IN CERTIFYING	CAUSES OF DI	EATH?
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plicotion which couse  ANTECEDENT CAUSE  R CONDITIONS, is obove couse (A couse)  CONDITION lost.  FICANT CONDITIONS  EATH BUT NOT RECONDITION CAUSING  OPERATION 198. COWAS P  IT WAS UNDERLYING TING CAUSE OF medicol examines)  (Month) (Doy) (Year	ded deoth.)  EES  fony, giving  A) stoting the  CONTRIBUTING  ELATED TO THE  GIT.  ONDITION FOR WHICH  ERFORMED  21 B. PLACE home, farm, etc.)  at) (Hour) 21 E. INJUR  While At Work	OPERATION OF INJURY (e.g., in or foctory, street, office  Y OCCURRED  Not While At Work	obout 21C. WHERE DID bldg., INJURY OCCUR?	IN CERTIFYING  (If in Bolt	more City, give	exoct locotion
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plicotion which couse  ANTECEDENT CAUSE  R CONDITIONS, is obove couse (A county)  CONDITION lost.  FICANT CONDITIONS  EATH BUT NOT REAL CONDITION CAUSE  CONDITION CAUSE  OPERATION 198. CONDITION CAUSE  TI WAS UNDERLYING  TING CAUSE OF medicol examiner)  (Month) (Doy) (Year  that (I) (this hospital)	ed deoth.)  EES  f ony, giving A) stoting The  CONTRIBUTING ELATED TO THE G IT.  CONDITION FOR WHICH ERFORMED  21 B. PLACE home, farm, etc.)  21 E. INJUR While At Work  Tol) ottended the decot	OPERATION OF INJURY (e.g., in or foctory, street, office  Y OCCURRED  Not While At Work	obout 21C. WHERE DID bidg., INJURY OCCUR?	IN CERTIFYING	more City, give	exoct locotion
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plicotion which couse  ANTECEDENT CAUSE  R CONDITIONS, is obove couse (A couse)  CONDITION lost.  FICANT CONDITIONS  EATH BUT NOT RECONDITION CAUSING  OPERATION 198. COWAS P  IT WAS UNDERLYING TING CAUSE OF medicol examines)  (Month) (Doy) (Year	ed deoth.)  EES  f ony, giving A) stoting The  CONTRIBUTING ELATED TO THE G IT.  CONDITION FOR WHICH ERFORMED  21 B. PLACE home, farm, etc.)  21 E. INJUR While At Work  Tol) ottended the decot	OPERATION OF INJURY (e.g., in or foctory, street, office  Y OCCURRED  Not While At Work	obout 21C. WHERE DID bldg., INJURY OCCUR?	IN CERTIFYING  (If in Bolt	more City, give	exoct locotion
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plicotion which couse INTECEDENT CAUSE R CONDITIONS, is above couse (A couse) CONDITION lost.  FICANT CONDITIONS FATH BUT NOT RECONDITION CAUSING OPERATION 198. COUNTY (MAS POTTING CAUSE OF medicol examiner)  That (I) (this hospitalist saw the deconstruction of the couses of from the couses of from the couses of the couse of the cou	ed deoth.)  EES  f ony, giving A) stoting The  CONTRIBUTING ELATED TO THE G IT.  CONDITION FOR WHICH ERFORMED  21 B. PLACE home, farm, etc.)  21 E. INJUR While At Work  Tol) ottended the decot	OPERATION  OF INJURY (e.g., in or, foctory, street, office  Y OCCURRED  Not While At Work  eosed from	21C. WHERE DID bidg., INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR?	more City, give	exoct locotion
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	Plicotion which couse INTECEDENT CAUSE R CONDITIONS, is above couse (A couse) CONDITION lost.  FICANT CONDITIONS FATH BUT NOT RECONDITION CAUSING OPERATION 198. COUNTY (MAS POTTING CAUSE OF medicol examiner)  That (I) (this hospitalist saw the deconstruction of the couses of from the couses of from the couses of the couse of the cou	CONTRIBUTING ELATED TO THE SONDITION FOR WHICH ERFORMED  21 B. PLACE home, farm, etc.)  21 E. INJUR While At Work  tol) ottended the deco	OPERATION  OF INJURY (e.g., in or, foctory, street, office  Y OCCURRED  Not While At Work  eosed from	21C. WHERE DID bidg., INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR?	more City, give	exoct locotion  coccurred or
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MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF THE DISEASE OF THE DISE	Plicotion which couse  INTECEDENT CAUSE  R CONDITIONS, is obove couse (A couse)  CONDITION lost.  PICANT CONDITIONS  EATH BUT NOT RESERVED (A couse)  OPERATION 19B. COUNTY (A couse)  IT WAS UNDERLYING  TING CAUSE OF medicol examines)  (Month) (Doy) (Year	CONTRIBUTING ELATED TO THE SONDITION FOR WHICH ERFORMED  21 B. PLACE home, farm, etc.)  21 E. INJUR While At Work  tol) ottended the deco	OPERATION  OF INJURY (e.g., in or foctory, street, office  Y OCCURRED  Not While At Work  M.D. Attendin Phys.	21C. WHERE DID IN JURY OCCUR?  21F. HOW DID IN 19 Ond the body ofter death.	JURY OCCUR?	more City, give	exoct locotion
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MEDICAL CERTIFIC	DISEASES OF OR INDERLYING  OTHER SIGNIT TO THE DIDISEASE OR OR CONTRIBU DEATH (notify)  21A. ACCIDEN OR CONTRIBUTED THE DISEASE OR OR CONTRIBUTED THE DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (wo) ond boar and 23A SIGNATURE)  23C. PHYSICIAI NAME (T)	Plicotion which couse  INTECEDENT CAUSE  R CONDITIONS, is obove couse (A conditions).  FICANT CONDITION IOSI.  FICANT CONDITION OF RECONDITION CAUSE  OPERATION 198. Compared to the condition of the condition of the couse of th	CONTRIBUTING CONTRIBUTING ELATED TO THE CONDITION FOR WHICH ERFORMED  21B. PLACE home, farm, etc.)  21B. PLACE home, farm, etc.)  21C. INJUR While At Work  tol) ottended the decreased olive on the ted phove. (1) (We)	OPERATION  OF INJURY (e.g., in or foctory, street, office  Y OCCURRED  Not While At Work  Coped from  M.D. Attendin Phys.  23D.	21 F. HOW DID IN  21 F. HOW DID IN  19 6 ond the body ofter death.  ADDRESS  6006 Roland A	JURY OCCUR?  19to hat in(my) (our)  Staff Phys	more City, give	exoct locotion
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